



200308110318
Skagit County Auditor

8/11/2003 Page 1 of 2 3:41PM

AFTER RECORDING MAIL TO:

Name Michael Wolfe

Address 438 Klickitat Drive

City, State, Zip LaConner, WA 98257

Escrow No. E6254
LT-E6254

Quit Claim Deed

THE GRANTOR Michael Wolfe and Linda J. Wolfe, Trustees of the Wolfe Family Trust dated October 29, 1994
for and in consideration of WAC 458-61-375 To Transfer Out of a Trust

conveys and quit claims to Michael Wolfe and Linda J. Wolfe, Husband and Wife

the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor(s) therein:
Assessor's Tax Parcel No.: 5100-003-438-0000

Abbreviated Legal Description:

A leasehold interest in the following described tract:

Lot 438, "SURVEY OF SHELTER BAY DIV. 3, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 839 to 842, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Dated 8/7/03
Michael Wolfe, Trustee
Michael Wolfe, Trustee

Linda J. Wolfe, Trustee
Linda J. Wolfe, Trustee

STATE OF _____
COUNTY OF _____

I certify that I know or have satisfactory evidence that _____ the person _____ who appeared before me, and said person _____ acknowledged that _____ signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: _____

See Attached
Notary Public in and for the State of _____
Residing at _____
My appointment expires: _____

LPB-12

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

#4014
AUG 11 2003

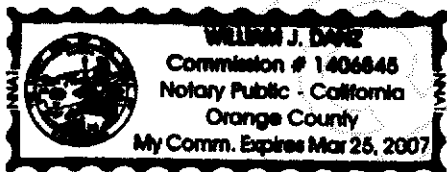
Amount Paid _____
By Skagit Co. Treasurer Deputy

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF California
 COUNTY OF Orange } SS.

On August 7, 2003 before me, the undersigned, a Notary Public in and for said State personally appeared Michael Wolfe and Linda J Wolfe
 Name(s) of Signer(s)

☒ Personally known to me OR ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Witness my hand and official seal.

William J. Danz
 Signature of Notary

William J. Danz
 Name (Typed or Printed)

(This area for official notarial seal)

Capacity Claimed by Signer

- 2/10
☒ Individual(s)
☐ Corporate Officer(s) - Title(s) _____

☐ Partner(s)
☐ Attorney-In-Fact
☒ Trustee(s)
☐ Guardian/Conservator
☐ Other: _____

Description of Attached Document

This certificate must be attached to the document described below:

Title or type of document Quit Claim
Deed

Number of Pages 1

Date of Document 8-7-03

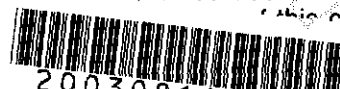
Signer(s) Other than Named Above _____

Signer is Representing:

Name of person(s) or Entity(ies)

ATTENTION NOTARY

Although information requested above is optional, it is requested that this certificate to another



200308110318
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8/11/2003 Page

2 of

2 3:41PM