



200308180017
Skagit County Auditor

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AFTER RECORDING MAIL TO:

Name Michael Wolfe

Address 438 Klickitat Drive

City, State, Zip LaConner, WA 98257

107873
LAND TITLE COMPANY OF SKAGIT COUNTY

Escrow No. E6254
LT-E6254

Quit Claim Deed

THE GRANTOR Michael Wolfe and Linda J. Wolfe, husband and wife

for and in consideration of WAC 458-61-375 To Transfer Into a Trust

conveys and quit claims to Michael Wolfe and Linda J. Wolfe, Trustees of the Wolfe Family Trust dated October 29, 1994

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 # 4155
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

AUG 18 2003

Dated 8/7/03
Michael Wolfe
Michael Wolfe

Amount Paid \$ 0
By Linda J. Wolfe
Skagit Co. Treasurer Deputy

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: _____

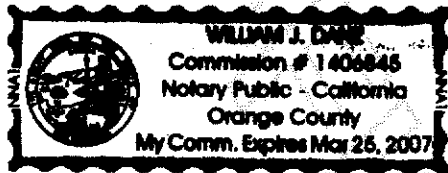
Notary Public in and for the State of _____
Residing at _____
My appointment expires: _____

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

- ☒ Individual(s)
☐ Corporate Officer(s) - Title(s) _____

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

Signer is Representing:

Name of person(s) or Entity(ies)

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 _____



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ATTENTION NOTARY

Although the information requested above is **optional**, it could prevent fraudulent attachment of this certificate to another document.