



200405050028  
Skagit County Auditor

5/5/2004 Page 1 of 2 11:34AM

**RETURN TO:**

CHARLOTTE A. AMBROSE  
CHARLES J. AMBROSE  
415 SOUTH 30TH ST  
MOUNT VERNON, WA 98274

**QUIT CLAIM DEED**

Reference # (if applicable) \_\_\_\_\_

Grantor(s): CHARLOTTE A. AMBROSE  
 Additional on Page: \_\_\_\_\_

Grantee(s): CHARLOTTE A. AMBROSE  
CHARLES J. AMBROSE  
 Additional on Page: \_\_\_\_\_

Abbreviated Legal Description: LOT 37, EASTGATE ADD. PLAT NO. 5  
 Additional on Page: \_\_\_\_\_

Assessor's Tax Parcel ID# 4542-000-037-0006

**LAND TITLE OF SKAGIT COUNTY**

**THE GRANTOR CHARLOTTE A. AMBROSE, WIFE OF CHARLES J. AMBROSE**

**for and in consideration of TO ESTABLISH COMMUNITY PROPERTY**

**conveys and quit claims to CHARLOTTE A. AMBROSE AND CHARLES J. AMBROSE, WIFE AND HUSBAND**

**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:  
LOT 37, "EASTGATE ADDITION PLAT NO. 5," AS PER PLAT RECORDED IN VOLUME 14  
OF PLATS, PAGES 146 AND 147, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF  
WASHINGTON.**

#2185  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

MAY 05 2004

Dated: April 23, 2004

Amount Paid \$ \_\_\_\_\_  
Skagit Co. Treasurer  
By [Signature] Deputy

Charlotte A. Ambrose  
CHARLOTTE A. AMBROSE

NOTARY PAGE

STATE OF WASHINGTON }  
 } ss.  
County of ~~KING~~ Skagit }

I hereby certify that I know or have satisfactory evidence that CHARLOTTE A. AMBROSE

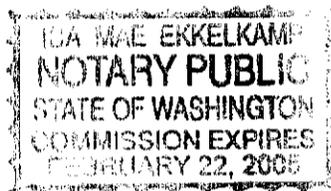
is the person(s) who appeared before me, and said person(s) acknowledged that (he, she, they) signed this instrument and acknowledged it to be (his, her, their) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: April 28, 2004

*Ida Mae Ekkelkamp*  
Notary Public in and for the State of Washington

Ida Mae Ekkelkamp  
Printed Name

Residing at Mount Vernon  
My appointment expires 2/22/2005



\*\*\*\*\*

STATE OF WASHINGTON }  
 } ss.  
County of \_\_\_\_\_ }

I hereby certify that I know or have satisfactory evidence that \_\_\_\_\_

is the person(s) who appeared before me, and said person(s) acknowledged that (he, she, they) signed this instrument, on oath stated that \_\_\_\_\_  
authorized to execute the instrument and acknowledge it as the \_\_\_\_\_  
of \_\_\_\_\_ to be the free and voluntary  
act of such party for the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Washington

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Residing at  
\_\_\_\_\_  
My appointment expires

