

When Recorded Return to:
ROBERT M. BLUNK
CAROLYN S. BLUNK
1808 Chelan Place NE
Renton WA 98059



200408020125
Skagit County Auditor

8/2/2004 Page 1 of 4 11:52AM

Chicago Title Company - Island Division
Order No: AE10132 JAC IC31718

STATUTORY WARRANTY DEED

THE GRANTOR KATHRYN L. JONES, as her separate estate and ROBERT DEAN JONES, as Trustee of the MICHAEL S. JONES SPECIAL NEEDS TRUST Dated July 16, 2002, as their interest may appear

for and in consideration of Two Hundred Fifty-Nine Thousand Nine Hundred and 00/100...(\$259,900.00) DOLLARS

in hand paid, conveys and warrants to

ROBERT M. BLUNK and CAROLYN S. BLUNK, husband and wife

the following described real estate, situated in the County of Skagit, State of Washington:

Lot 6, EAGLEMONT PHASE 1C, according to the plat thereof recorded February 1, 2000, under Auditor's File No. 200002010036, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Tax Account No. : P116355 4744-000-006-0000

4037
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Subject to: Restrictions, reservations and easements of record.

AUG 02 2004

Amount Paid \$ 4030²²
By Skagit Co. Treasurer
Deputy

Dated: July 27, 2004

MICHAEL S. JONES SPECIAL NEEDS TRUST, dated 7/16/02

Kathryn L Jones 7/29/04
KATHRYN L JONES Date
Individually & Guardian

ROBERT DEAN JONES Date
Trustee & Guardian

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Dated: July 27, 2004

MICHAEL S. JONES SPECIAL NEEDS TRUST, dated 7/16/02

KATHRYN L. JONES Date
Individually & Guardian

Robert Dean Jones 7/29/04
ROBERT DEAN JONES Date
Trustee & Guardian



STATE OF WASHINGTON
COUNTY OF Skagit

I certify that I know or have satisfactory evidence that KATHRYN L. JONES and ~~ROBERT DEAN JONES~~ to me known to be the Guardians of The MICHAEL S. JONES SPECIAL NEEDS TRUST, dated 7/16/02 the entity that they executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of the said entity, for the uses and purposes therein mentioned, and on oath state that they is/are authorized to execute the said instrument on behalf of said entity.

Dated: 7-29-04

Jean A. Crandall
Notary Public in and for the State of Washington
Residing at 1111 Westmore
My appointment expires: 5-14-05



STATE OF WASHINGTON

COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that ROBERT DEAN JONES is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as Trustee of The MICHAEL S. JONES SPECIAL NEEDS TRUST, dated 7/16/02 to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: _____

Notary Public

My appointment expires _____

A-7 -Representative Capacity

STATE OF WASHINGTON

COUNTY OF SKAGIT

}
}ss.
}

On this day personally appeared before me KATHRYN L. JONES to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged to me that she signed the same as her free and voluntary act and deed for the purposes therein mentioned.

Given under my hand and official seal this 29th day of July, 2004



Jean A. Crandall
Notary Public in and for the State of Washington
Name printed JEAN A. CRANDALL
Residing at 1111 Westmore
My commission expires 5-14-05

Acknowledgement - Individual



STATE OF WASHINGTON
COUNTY OF Skagit

I certify that I know or have satisfactory evidence that KATHRYN L. JONES and ROBERT DEAN JONES to me known to be the Guardians of The MICHAEL S. JONES SPECIAL NEEDS TRUST, dated 7/16/02 the entity that they executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of the said entity, for the uses and purposes therein mentioned, and on oath state that they is/are authorized to execute the said instrument on behalf of said entity.

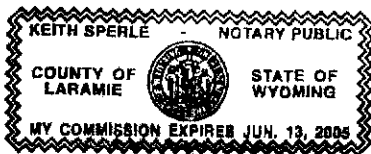
Dated: _____

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

~~WYOMING~~
STATE OF ~~WASHINGTON~~
COUNTY OF SKAGIT Laramie

I certify that I know or have satisfactory evidence that
ROBERT DEAN JONES is
the person who appeared before me, and said person acknowledged that
he signed this instrument, on oath stated that
he was authorized to execute the instrument and acknowledged it
as Trustee and Guardian
of The MICHAEL S. JONES SPECIAL NEEDS TRUST, dated 7/16/02
to be the free and voluntary act of such party for the uses and purposes mentioned in the
instrument.

DATED: 7-29-04



[Signature]
Notary Public

My appointment expires

6-13-05

A-7 -Representative Capacity

STATE OF WASHINGTON }
COUNTY OF SKAGIT }ss.

On this day personally appeared before me KATHRYN L. JONES
to me known to be the individual(s) described in and who executed the
within and foregoing instrument, and acknowledged to me that she signed the same as her free and
voluntary act and deed for the purposes therein mentioned.

Given under my hand and official seal this _____ day of July, 2004

Notary Public in and for the State of Washington.

Name printed _____

Residing at _____

My commission expires _____

Acknowledgement - Individual

