

RETURN TO:

LEOBIGILDO R. HERRERA
1116 AVON AVENUE
BURLINGTON WA 98233



200409230057
Skagit County Auditor

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QUIT CLAIM DEED

Reference # (if applicable) _____

Grantor(s): LEOBIGILDO R. HERRERA

Additional on Page: _____

Grantee(s): LEOBIGILDO R. HERRERA

Additional on Page: CHRISTINA E. HERRERA

Abbreviated Legal Description:

Additional on Page: _____

LOTS 4-5, PTN LOT 6, BLK 17, AMENDED PLAT OF
BURLINGTON, SKAGIT CO. WASH., V3/P17

Assessor's Tax Parcel ID#

4076-017-006-0017

LAND TITLE OF SKAGIT COUNTY

THE GRANTOR LEOBIGILDO R. HERRERA, A MARRIED MAN AS HIS SEPARATE ESTATE

for and in consideration of TO ESTABLISH COMMUNITY PROPERTY

**conveys and quit claims to LEOBIGILDO R. HERRERA AND CHRISTINA E. HERRERA,
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:

**LOTS 4 AND 5 AND THE EAST 1/2 OF LOT 6, BLOCK 17, "AMENDED PLAT OF
BURLINGTON, SKAGIT COUNTY, WASH.," AS PER PLAT RECORDED IN VOLUME 3 OF
PLATS, PAGE 17, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE CITY
OF BURLINGTON, COUNTY OF SKAGIT, STATE OF WASHINGTON.**

5103
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 23 2004

Dated: September 14, 2004

Amount Paid \$
By Skagit Co. Treasurer
 Deputy

Leobigildo R. Herrera
LEOBIGILDO R. HERRERA

NOTARY PAGE

STATE OF WASHINGTON

County of Skagit

}
} ss.
}

I hereby certify that I know or have satisfactory evidence that LEOBIGILDO R. HERRERA

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: 9/20/04

Elaine M. Daws
Notary Public in and for the State of Washington

Elaine M. Daws
Printed Name

Residing at Sedro Woolley, WA
My appointment expires 3/3/06



STATE OF WASHINGTON

County of _____

}
} ss.
}

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 _____



200409230057
Skagit County Auditor