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Document Title:	Deed
Reference Number:	
Grantor(s): 1. Lindal, Eleanore V.	_] additional grantor names on page
2.	2
Grantee(s): 1. Riddell, Richard H] additional grantee names on page TYUH
2.	
***] full legal on page(s)
Lot 44 Skyline,	VO 5
4	
] additional tax parcel number(s) on page
P 59358	

Quitclaim Deed

THIS QUITCLAIM DEED, executed this 2nd day of June , 2005,
by first party, Grantor, Eleanore V. Lindal
whose post office address is 1120 Eighth Ave #2201 Seattle, WA 98101
to second party, Grantee, Richard H. Ridde II Trust
whose post office address is 3816 East Broaduay Mount Vernon, WA 98274
WITNESSETH, That the said first party, for good consideration and for the sum of Natural Love and
Affection Dollars (\$)
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the
said second party forever, all the right, title, interest and claim which the said first party has in and to the following described
parcel of land, and improvements and appurtenances thereto in the County of Skag:+,
State of Washington to wit Lot #44 Skyline No. 5, Vol. 9 of Plats
Account Pound T. D. IM. LALL D. FORTON
Assessor's Property Tax Parcel/Account Numbers: Parcel number 59358
Tax Account # 38210000440009

3803 SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

JUN 02 2005

Amount Paid S Skagit Co. Treasurer By Deputy

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IN WITNESS WHEREOF. The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of: Signature of Witness: Print name of Witness: Signature of Witness: Print name of Witness: Print name of First Party: <u>Lleanore</u> Signature of Second Party! Print name of Second Party: Kichard Signature of Preparer _ Print Name of Preparer __ Address of Preparer ___ State of WA County of SKAGIT JORGE V. ALVAREZ On June 2, 2005 _____ before me, _ appeared RICHTAD HOWARD RIDDELL & ELEHNONE VIRGINIA LINDAL 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. Known Produced ID Type of ID WA DL (Seal)

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