



200507200037
Skagit County Auditor

7/20/2005 Page 1 of 2 9:27AM

AFTER RECORDING MAIL TO:
Eileen J. Lewis
15715 Stone Avenue N.
Shoreline, WA 98133

POOR ORIGINAL
Line left side off

Filed for Record at Request of
Land Title Company Of Skagit County
Escrow Number: 117065-K

LAND TITLE OF SKAGIT COUNTY

Statutory Warranty Deed

Grantor(s): Earl M. Blansfield and Janice R. Blansfield
Grantee(s): Eileen J. Lewis
Abbreviated Legal: Lot E-26, Replat of Lots E-13 thru E-27, Plat of Lake Tye Div. II.
Assessor's Tax Parcel Number(s): P79797/4356-005-026-0001

THE GRANTOR Earl M. Blansfield and Janice R. Blansfield, husband and wife for and in consideration of **TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION** in hand paid, conveys and warrants to Eileen J. Lewis, an unmarried individual the following described real estate, situated in the County of Skagit, State of Washington.

Lot E-26, "REPLAT OF LOTS E-13 THROUGH E-27, INCLUSIVE, OF THE PLAT OF LAKE TYEE DIVISION NO. II," as per plat recorded in Volume 11 of Plats, pages 65, 66 and 67, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment No. 117065-SA.

Dated **July 12, 2005**

Earl M Blansfield

Earl M. Blansfield

Janice R Blansfield

Janice R. Blansfield
by Earl M Blansfield AIF

STATE OF Washington }
COUNTY OF _____ } SS:

I certify that I know or have satisfactory evidence that **Earl M. Blansfield and Janice R. Blansfield** the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
3853

JUL 20 2005
Amount Paid \$ 1534.12
By *[Signature]* Skagit Co. Treasurer Deputy

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

