



200510200073

Skagit County Auditor

When Recorded Return To:

K. T. Esp, Attorney at Law
301 Prospect Street
Bellingham, WA 98225

10/20/2005 Page 1 of 4 1:04PM

DOCUMENT TITLE: **QUIT CLAIM DEED**

REFERENCE NUMBER OF RELATED DOCUMENT: 200208270012

GRANTORS: **DELORES M. DEAN & MICHAEL R. DEAN, CO-TRUSTEES OF THE BOB W. & MARY J. DEAN FAMILY REVOCABLE LIVING TRUST DATED AUGUST 14, 2002**

ADDITIONAL GRANTORS: N/A

GRANTEES: **AN UNDIVIDED 1/2 INTEREST TO DELORES M. DEAN, AS HER SEPARATE PROPERTY**

ADDITIONAL GRANTEES: **AN UNDIVIDED 1/2 INTEREST TO MICHAEL R. DEAN, AS HIS SEPARATE PROPERTY**

ABBREVIATED LEGAL DESCRIPTION: LOT 43, BL 2, PEAVEY ACRES

#5876
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

ADDITIONAL LEGAL DESCRIPTION: PAGE 1

OCT 20 2005

ASSESSOR'S TAX/PARCEL NUMBER: P68028

Amount Paid \$
By Skagit Co. Treasurer
Deputy

QUIT CLAIM DEED

The Grantors, **DELORES M. DEAN AND MICHAEL R. DEAN, CO-TRUSTEES OF THE BOB W. AND MARY J. DEAN FAMILY REVOCABLE LIVING TRUST DATED AUGUST 14, 2002**, for and in consideration of love and affection, convey and quit claim an undivided one-half (1/2) interest to **DELORES M. DEAN**, as her separate property, and an undivided one-half (1/2) interest to **MICHAEL R. DEAN**, as his separate property, in the following-described real estate situated in the County of Skagit, State of Washington, together with all after-acquired title of the Grantors therein:

Lot 43, Block 2, Peavey Acres, situated in the County of Skagit, State of Washington. 3966-002-043-0001, P-68028. Subject to and together with all covenants, conditions, restrictions, and easement of record.

Together with 1987 Skyline 66x28 M/H#54910327W.

Michael R. Dean
**MICHAEL R. DEAN, CO-TRUSTEE
OF THE BOB W. AND MARY J. DEAN
FAMILY REVOCABLE LIVING TRUST**

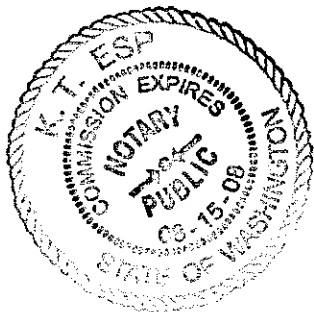
Date: September 23, 2005

STATE OF WASHINGTON)
) SS.
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that **MICHAEL R. DEAN** 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 **CO-TRUSTEE OF THE BOB W. AND MARY J. DEAN FAMILY REVOCABLE LIVING TRUST DATED AUGUST 14, 2002**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: September 23, 2005.



K T Esp
NOTARY PUBLIC
Printed Name: K. T. Esp
My Commission Expires: August 15, 2008



Delores M Dean

Date: 9-28-0, 2005

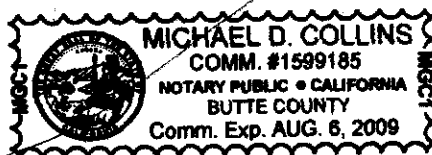
**DELORES M. DEAN, CO-TRUSTEE
OF THE BOB W. AND MARY J. DEAN
FAMILY REVOCABLE LIVING TRUST**

STATE OF California)
COUNTY OF Butte) SS:

I certify that I know or have satisfactory evidence that **DELORES M. DEAN** is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument, and acknowledged it as **CO-TRUSTEE OF THE BOB W. AND MARY J. DEAN FAMILY REVOCABLE LIVING TRUST DATED AUGUST 14, 2002**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: September 28th, 2005.



Michael D. Collins
NOTARY PUBLIC
Printed Name: Michael D. Collins
My Commission Expires: _____

see attached
certificate for
authorization
-mc

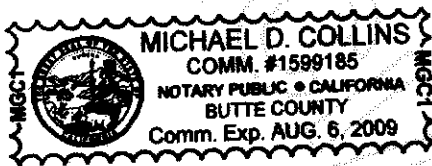


CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California _____ }
County of Butte _____ } ss.

On September 28th, 2005 before me, Michael D. Collins, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Deborah M. Dean
Name(s) of Signer(s)

☐ personally known to me
☒ 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.

Michael D. Collins
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed

Document Date: _____ Number of Pages: 3

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____



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Skagit County Auditor