

RETURN TO:

RUSSELL E. HUTCHISON, II 1230 FIDALGO PLACE SEDRO WOOLLEY WA 98284

## QUIT CLAIM DEED

	LAND TITLE OF SKAGIT COUNTY
Reference # (if applicable)	12(Ka)
Grantor(s):	KIMBERLEE S. HUTCHISON
Additional on Page:	
	PHOCETT P HIMOUTOON IT
Grantee(s):	RUSSELL E. HUTCHISON, II
Additional on Page:	
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Abbreviated Legal Description:	LOT 7, FIDALGO COMMONS P.U.D., 200305300211
Additional on Page:	
Assessor's Tax Parcel ID#	4817-000-007-0000
5	(FA) \
THE GRANTOR KIMBERLEE S	. HUTCHISON, SPOUSE OF RUSSELL E. HUTCHISON, II
,	
for and in consideration of TO E	STABLISH SEPARATE PROPERTY
	The same of the sa
	ELL E. HUTCHISON, II, A MARRIED MAN AS HIS
SEPARATE ESTATE	
	The state of the s
the following described real estate, s	ituated in the County of SKAGIT State of Washington:
together with all after acquired title	
LOT 7, "FIDALGO COMMONS	P.U.D., " AS PER PLAT RECORDED ON MAY 30, 2003,
UNDER AUDITOR'S FILE NO	. 200305300211, RECORDS OF SKAGIT COUNTY,
WASHINGTON. SITUATE IN	THE COUNTY OF SKAGIT, STATE OF WASHINGTON.
	- Internal of the second
	# 1405
	SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX
	HEALESTATE EXCISE TAX
	MAR 2 8 2006
	Amount Paid \$
Dated: March 22, 2006	Skagit Co. Treasurer  By Doputy
· - 1	
Simpadaa Tidlitai	lisen
KIMBERLEE S. HUTCHISON	
ATRIBERILE A. HUICHISON	
(Kal)	

## **NOTARY PAGE**

STATE OF WASHINGTON }	
County of Snohomish } ss.	
County of Orioriis()	. LKH
	J. VET
I hereby certify that I know or have satisfactory evid	dence that KIMBERLEE S. HUTCHISON
The control of the co	
is the person(s) who appeared before me, and said p	person(s) acknowledged that (he, she, they) signed this
instrument and acknowledged it to be (his, her, the	
mentioned in this instrument.	
Dated: March 23, 2006	
	Alexand S. Island
Linda K Hoffer	Notary Public State of Washington LINDA K HOFFER
Notary Public in and for the State of Washington	My Appointment Expires Mar 1, 2010
Linda K Hoffer	
Printed Name	··············
1.2 //22/8	And the State of t
Residing at Urling FON	
My appointment expires 3/01/40	<u>70</u>
	• •
**********	**********
STATE OF WASHINGTON	***\}
} ss: /	
County of }	, c
I hereby certify that I know or have satisfactory evid	dence that
	person(s) acknowledged that (he, she, they) signed this
Instrument, on oath stated that	<u></u>
authorized to execute the instrument and acknowled	
of	to be the free and voluntary
act or such party for the uses and purposes mention	ed in this most unterli-
Dated:	
——————————————————————————————————————	The state of the s
	The state of the s
Notary Public in and for the State of Washington	
Printed Name	
Residing at	
My appointment expires	