RETURN ADDRESS	200703050129 Skaria	
Clay Norris	3/5/2007 Page County Auditor	
11924 Martin Road	1 of 411:52AN	
Rockport, WA 98283		
	_	
124349-SWE	LAND TITLE OF SKAGIT COUNTY	
	PLEASE CHECK ONE	
Manufactured Hole Application  Anyone who knowingly makes a false statement of a material fact I of a felony, and upon conviction may be punished by a fine, imprise	MATITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME		
TPO/PLATE NUMBER YEAR 2007 PARL HARBOR 119 X 27	t) VEHICLE IDENTIFICATION NUMBER (VIN) PH208574 A/B	
	AL DESCRIPTION ON PAGE	
MANUFACTURED HOME WILL BE AFFIXED TREMOVED	REAL PROPERTY TAX PARCEL NUMBER 350936-0-012-0100, 340901-0-003-0 504*	
LOT BLOCK PLAT NAME OR SECTION/TOWNSHIP/F		
	DITIONAL NAMES ON PAGE	
COUNTY NUMBER  Skagit  NUMBER OF REGISTERED OWNER  2	RS NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER Clay Norris	DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Melissa Norris	DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS CITY 11924 Martin Road Rockport	state zip code t WA 98283	
NAME OF LEGAL OWNER Whidbey Island Bank	DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS CITY 1266 Bouslog Road Burlingto	on STATE ZIP CODE WA 98233	
GRANTEE		
NAME		
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/VEHICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE	WE AMARE THE RECISTERED OWNER(S) OF THIS	
Signature of Additional Registered Owner and Title, IF APPLICABLE VI	TON FOR REGISTERED OWNER(S) SIGNATURE	
State of Washington County of Skagit	Signed or attested 2-45-07 before me on 2-45-07 Signature Andre Skylin	
PUBLIC PRINT NAME OF REGISTERED OWNER by Melissa Norris	Cindy L. Frydenlund	
PRINT NAME OF REGISTERED OWNER  Title Notary Public DEALERSHIP POSITION/AGENT/NOTARY	PRINTED NAME OF NOTARY  County/Office No. OR  AND: Dealer No. OR 2/15/10  Notary Expiration Date	
4 TITLE COMPANY CERTIFICATION		
I certify that the legal description of the land and ownership is true and ownership is	CORRECT PER THE REAL PROPERTY RECORDS: THE COMPANY / PHONE NUMBER	
SIGNATURE / POSITION	DATE	
Finalize this application with a Licensing Agent within 10 calendar d	lays of the date Title Company Representative signs.	
5 BUILDING PERMIT OFFICE CERTIFICATION	<u> </u>	
I certify that: a building permit has been affixed to the	real property as described. se and the attachment will be inspected upon completion.	

MANUFACTURED HOME - FR				
	`	FEET) VEHICLE IDENTIFICATION NUMBER	(VIN)	
Palm Haller of 27 DU208574 ALR				
		XI F112000 17	<u> </u>	
6 SIGNATURE OF LEGAL OF				
SIGNATURE OF LEGAL OWNE	R INDICATES CONSENT FOR ELIMI	INATION OF TITLE / REMOVAL FRO	M REAL PROPERTY.	
Signature of Legal Owner and Title, IF APPLICABLE Taminy Barnett, Vice President of				
Signature of Additional Legal Ow	ner and Title, IF APPLICABLE <u>Wh</u>	idbey Island Bank		
NOTARY SEAL OR STAMP		IFICATION FOR LEGAL OWNER(S	) SIGNATURE	
141531341144		CiI an although	.	
LINGE VERBY	County of Stay L	before me o		
PT MISSION ELS	Jammy Barnett, Vice		W Vrahu al	
NOTARY &	by Whidbey Island Ba	nk Signature 1000	ux wyuy	
o −★− }	Z PRINT NAME OF LEGAL OWNER	NOTARY OR A	GENT /	
PUBLIC S	9. <b>j</b>	<u>Janice L. V</u>	erburg	
ST 15, C	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTAL		
WASH N	Title notary	AND: De	ffice No. <b>OR</b> aler No. <b>OR</b> 8/15/08	
28888888888888888888888888888888888888	DEALERSHIP POSITION/AGENT/NOTAL	Notary Ex	piration Date	
7 LAND DESCRIPTION (A le	gal description of the land can be	obtained from the local County A	Assessor's Office)	
			<u> </u>	
Ptn Gov. Lot 2, 1-34-9 E W See attached	'.M. and Ptn SW 1/4 of SE 1/4,	36-35-9 E W.M.		
İ				
	( )			
	N.	N 77		
,			\	
8 DEALER'S REPORT OF SA	i E			
		_ <u></u>		
I CERTIFY THAT THIS INFO	RMATION IS CORRECT. THE VEHI	CLE IS CLEAR OF ENCUMBRANC	ES EXCEPT AS SHOWN.	
ANY REQUIRED SALES TA	RMATION IS CORRECT, THE VEHI X HAS BEEN COLLECTED.		ES EXCEPT AS SHOWN.	
ANY REQUIRED SALES TA	X HAS BEEN COLLECTED.	WA DEALER NUMBER	DATE OF SALE	
DEALES NAME (TYPED OR PRINTED) YOU WHITE HE	X HAS BEEN COLLECTED.	WA DEALER NUMBER	DATE OF SALE	
ANY REQUIRED SALES TA DEALER NAME (TYPED OR PRINTED) YOUNG HAVBEY HE PURCHASE PRICE \$ \$ 7580	X HAS BEEN COLLECTED.  MUST  URISDICTION/TAX RATE DEALER'S AUTH  R.W.	WA DEALER NUMBER  OFIZED BIGNATURE	DATE OF SALE 8/15/04	
ANY REQUIRED SALES TA DEALER NAME (TYPED OR PRINTED) YOUNG HAVBEY HE PURCHASE PRICE \$ \$ 7580	X HAS BEEN COLLECTED.  MUST  URISDICTION/TAX RATE DEALER'S AUTH  R.W.	WA DEALER NUMBER	DATE OF SALE 8/15/04	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED) FOLIM HANDEY HAD PURCHASE PRICE TAX. 80580 USE TAX EXEMPT	X HAS BEEN COLLECTED.  MUST  URISDICTION/TAX RATE DEALER'S AUTH  R.W.	WA DEALER NUMBER  ORIZED CHANATURE  In the reservation (attach notarized	DATE OF SALE 8/15/04	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED) FOLIAL HANDLY HAP PURCHASE PRICE BP580 USE TAX EXEMPT 9 COUNTY AUDITOR/AGEN L certify that the above application	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  Cale to a Certified Tribal member of  LICENSING OFFICE APPROVAL	WA DEALER NUMBER  ORIZED CHANATURE  In the reservation (attach notarized	DATE OF SALE  BIS OF  statement of delivery).	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  YOUNG HANDLY HA PURCHASE PRICE  BP580  USE TAX EXEMPT S  9 COUNTY AUDITOR/AGENT	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  Cale to a Certified Tribal member of  LICENSING OFFICE APPROVAL	ORIZED SIGNATURE  n the reservation (aftach notarized (Not for use by Subagents)	Statement of delivery).	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED) FOLIAL HANDLY HAP PURCHASE PRICE BP580 USE TAX EXEMPT 9 COUNTY AUDITOR/AGEN I certify that the above application with the recording of this form.	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  Cale to a Certified Tribal member of  LICENSING OFFICE APPROVAL	MA DEALER NUMBER  ORIZED HICKATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prectly, and the applicant has sufficient	Statement of delivery).	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  A IM. HALDEN HE PURCHASE PRICE  B 5 8 0  USE TAX EXEMPT  9 COUNTY AUDITOR/AGEN  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  Cale to a Certified Tribal member of  LICENSING OFFICE APPROVAL	MA DEALER NUMBER  ORIZED HENATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prectly, and the applicant has sufficient	Statement of delivery).	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED) FOLIAL HANDLY HAP PURCHASE PRICE BP580 USE TAX EXEMPT 9 COUNTY AUDITOR/AGEN I certify that the above application with the recording of this form.	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  Cale to a Certified Tribal member of  LICENSING OFFICE APPROVAL	MA DEALER NUMBER  ORIZED HENATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prectly, and the applicant has sufficient	statement of delivery).  It documentation to proceed OR NUMBER	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  A MAY HANDLY HA PURCHASE PRICE  USE TAX EXEMPT  SOCIETY AUDITOR/AGENT  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  Cale to a Certified Tribal member of  LICENSING OFFICE APPROVAL	MA DEALER NUMBER  ORIZED HENATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prectly, and the applicant has sufficient	statement of delivery).  It documentation to proceed OR NUMBER	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  A MAY HANDLY HA PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGENT I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  10 TITLE FEES	X HAS BEEN COLLECTED.  WELL SURPLEMENTAX RATE DEALER'S AUTHORS OF TAXABLE DEALER'S OF	wa DEALER NUMBER  ORIZED HIGHNATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prrectly, and the applicant has sufficier  COUNTY OFFICE/VFS OPERAT	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  DATE  OATE	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  A MAY HANDLY HA PURCHASE PRICE  USE TAX EXEMPT  SOCIETY AUDITOR/AGENT  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE	X HAS BEEN COLLECTED.  WELL SURPLEMENTAX RATE DEALER'S AUTHORS OF TAXABLE DEALER'S OF	MA DEALER NUMBER  ORIZED HENATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prectly, and the applicant has sufficient	statement of delivery).  It documentation to proceed OR NUMBER	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  A MAY HANDLY HA PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGENT I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  10 TITLE FEES	X HAS BEEN COLLECTED.  WELL SURPLEMENTAX RATE DEALER'S AUTHORS OF TAXABLE DEALER'S OF	wa DEALER NUMBER  ORIZED HIGHNATURE  In the reservation (attach notarized  : (Not for use by Subagents)  prrectly, and the applicant has sufficier  COUNTY OFFICE/VFS OPERAT	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES	
ANY REQUIRED SALES TA DEALES NAME (TYPED OR PRINTED)  FOUND HOLDS TAX  PURCHASE PRICE  BYSSO  USE TAX EXEMPT  9 COUNTY AUDITOR/AGEN  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  10 TITLE FEES  FILING FEE  APPLICATION	X HAS BEEN COLLECTED.  MUSTICIPATION/TAX RATE DEALER'S AUTHORS AND A CALER'S AUTHORS AND	WA DEALER NUMBER  ORIZED HICKATURE  In the reservation (attach notarized : (Not for use by Subagents)  Prectly, and the applicant has sufficient country officery operations of the country of the countr	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  DATE  OATE	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  FOUND HOLDS OF PRINTED  PURCHASE PRICE  BYSSO  USE TAX EXEMPT  9 COUNTY AUDITOR/AGEN  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  10 TITLE FEES  FILING FEE  APPLICATION  MPORTANT: Once the according to the price of the price	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  FRU  Sale to a Certified Tribal member of  LICENSING OFFICE APPROVAL  n appears to have been completed co  MOBILE HOME FEE  Experimental completes approved by	WA DEALER NUMBER  ORIZED HENTATURE  In the reservation (attach notarized in the reservation (attach notarized in the reservation in the policient has sufficient country officevers operation in the policient has sufficient country of the countr	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & TAX	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  FURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGEN  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  APPLICATION  MPORTANT: Once the audicensing of the county auditory auditory auditory.	A HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTHOR  Sale to a Certified Tribal member of  LICENSING OFFICE APPROVAL  n appears to have been completed co  MOBILE HOME FEE  Experimental completes approved by  Office, take your application form	WA DEALER NUMBER  ORIZED HENATURE  (Not for use by Subagents)  Frectly, and the applicant has sufficien  COUNTY OFFICENES OPERAT  COUNTY OFFICENES OPERAT  USE TAX  The County Auditor / Vehicle To the County Recording Office	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & TAX	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  TO IM. HANDEN HE  PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGEN  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  APPLICATION  MPORTANT: Once the audicensing of Retain pro-	X HAS BEEN COLLECTED.  WELL  URISDICTION/TAX RATE  DEALER'S AUTH  FRU  Sale to a Certified Tribal member of  LICENSING OFFICE APPROVAL  n appears to have been completed co  MOBILE HOME FEE  Experimental completes approved by	WA DEALER NUMBER  ORIZED HENATURE  In the reservation (attach notarized  : (Not for use by Subagents)  Prectly, and the applicant has sufficient  COUNTY OFFICENES OPERAT  COUNTY OFFICENES OPERAT  USE TAX  by the County Auditor / Vehicle in to the County Recording Office the Recording Office retains	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & TAX	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  A MY HANDLY HA  PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGENT  I Certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  APPLICATION  MPORTANT: Once the a  Licensing of Retain pro your origin	A HAS BEEN COLLECTED.  MULLIUM SALERS AUTHORITION TAX RATE DEALER'S AUTHORITION TO A CERTIFIED Tribal member of LICENSING OFFICE APPROVAL nappears to have been completed completed completed to MOBILE HOME FEE DISTRICT TO THE PROPERTY OF T	WA DEALER NUMBER  SALED CHANGE TO THE COUNTY OFFICE OF SOPERAT  COUNTY OFFICE OF SOPERAT  COUNTY OFFICE OF SOPERAT  COUNTY OFFICE OF SOPERAT  USE TAX  The County Auditor / Vehicle The County Recording Office The Recording Office retains  iffied copy of the recorded form.	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & FAX	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  TO IM. HANDEN HE  PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGEN  I certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  APPLICATION  MPORTANT: Once the audicensing of Retain pro-	Sale to a Certified Tribal member of LICENSING OFFICE APPROVAL nappears to have been completed completed to MOBILE HOME FEE  Experimental application has been approved by Diffice, take your application form of of the recording fees paid. If the all application form, obtain a certification form form form form for the certification form form form form form form form form	WA DEALER NUMBER  SALED CHANGE TO THE COUNTY OFFICE OF SOPERAT  COUNTY OF SOPERAT  COUNTY OFFICE OF SOPERAT  COUNTY OF SOP	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & FAX  to file the	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  A MY HANDLY HA  PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGENT  I Certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  APPLICATION  MPORTANT: Once the a  Licensing of Retain pro your origin	Sale to a Certified Tribal member of LICENSING OFFICE APPROVAL nappears to have been completed completed to MOBILE HOME FEE  Experimental application form of the recording fees paid. If the lapplication form, obtain a certifical application form, obtain a certifical application form, obtain a certification form of the recorded, you must retificate the manufactured Home Application.	WA DEALER NUMBER  SALED CHANGE TO THE PROPERTY OF THE PROPERTY	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & FAX  to file the	
ANY REQUIRED SALES TA  DEALES NAME (TYPED OR PRINTED)  A MY HANDLY HA  PURCHASE PRICE  USE TAX EXEMPT  9 COUNTY AUDITOR/AGENT  I Certify that the above application with the recording of this form.  NAME (TYPED OR PRINTED)  SIGNATURE  APPLICATION  MPORTANT: Once the a  Licensing of Retain pro your origin	Sale to a Certified Tribal member of LICENSING OFFICE APPROVAL nappears to have been completed completed to MOBILE HOME FEE  Experimental application has been approved by Diffice, take your application form of of the recording fees paid. If the all application form, obtain a certification form form form form for the certification form form form form form form form form	WA DEALER NUMBER  SALED CHANGE TO THE PROPERTY OF THE PROPERTY	statement of delivery).  It documentation to proceed  OR NUMBER  DATE  SUBAGENT FEES  TOTAL FEES & FAX  to file the	

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

TD-420-729 (R/6/06) W Page 2 of 2



Escrow No.: 124349-SWE

#### **EXHIBIT "A"**

## LEGAL DESCRIPTION

# PARCEL "A":

That portion of Government Lot 2, including any portion of the former bed of the Sauk River in Section 1, Township 34 North, Range 9 East, W.M., described as follows:

Beginning at a point in the centerline of the Rockport/Darrington Road, at the intersection of the centerline of the Rockport/Cascade Road;

thence 1,250, more or less, feet East on the centerline of said Rockport/Cascade Road to a point set on said centerline:

thence 40, more or less, feet North 6° East, to the North edge of the Rockport/Cascade Road right of way; thence North 6° East, 960, more or less, feet to a hub and tack which is the Southeast corner of the Northern Residual Third, (also known as the Northeast corner of the Middle Residual Third, the Northwest corner of the Northern ¼ of the Teegarden Parcel, and the Southwest corner of the Banner Parcel lying in Section 1), and the true point of beginning;

thence North 350, more or less, feet to the Northeastern corner of the Northern Residual Third and the Section line lying between Section 36 and Section 1, the Southern boundary of the Banner Property lying in Section 36, (also known as the Northwestern corner of the Banner Parcel lying in Section 1); thence West along the Section line, 1,010, more or less, feet to the Northeast corner of Eagle Vista Tract 1 and the Northwest corner of the Northern Residual Third;

thence Southerly, 575, more or less, feet along the Eastern property line of said Tract 1 to the corner brace in the existing fenceline which is the Southwest corner of the Northern Residual Third, Southeast property corner of Eagle Vista Tract 1, and the Northeast corner of Eagle Vista Tract 2);

thence South 84° East, 560, more or less, feet to the true point of beginning. All references to the Teegarden and Banner Parcels, being as described in Deeds recorded under Auditor's File Nos. 523833 and 539718, respectively, records of Skagit County, Washington, and all references to Eagle Vista being as shown on Skagit County Short Plat No. 112-76, recorded under Auditor's File No. 842267, records of said County and State.

Situate in the County of Skagit, State of Washington.

#### PARCEL "B":

That portion of the South ½ of the Southwest ¼ of the Southeast ¼ of Section 36, Township 35 North, Range 9 East, W.M., lying South and West of the present County road right of way,

EXCEPT the following described tract:

Beginning at the Northwest corner of said South ½ of the Southwest ¼ of the Southeast ¼; thence East 835 feet to the County road;

thence South along the County road 580 feet;

thence West 235 feet;

thence North 370 feet;

thence West 600 feet;

thence North 210 feet to the point of beginning.

2 0 0 7 0 3 0 5 0 1 2 9 Skagit County Auditor

3/5/2007 Page

3 of

4 11:52AM

## DESCRIPTION CONTINUED:

## PARCEL "B" Continued:

EXCEPT any portion lying within Parcel "C" described herein,

AND EXCEPT that portion, if any, lying within a tract bequeathed to Ellen G. LaFayette in Deed recorded under Auditor's File No. 9412190031, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

## PARCEL "C":

That portion of the South 1/2 of the Southwest 1/4 of the Southeast 1/4 of Section 36, Township 35 North, Range 9 East, W.M., described as follows:

Beginning at the Northwest corner of said South ½ of the Southwest ¼ of the Southeast ¼; thence East 835, more or less, feet to the Westerly line of Martin Road;

thence South along said road 210, more or less, feet to the Northeast corner of that parcel described as the South ½ of the Robbins Parcel in Deed to Ellen G. LaFayette, recorded December 19, 1994, under Auditor's File No. 9412190031, records of Skagit County, Washington;

thence West 260, more or less, feet to a hub and tack which is the Northwest corner of said South ½ of the Robbins Parcel;

thence West 610, more or less, feet to an existing fence line; thence North to the point of beginning,

EXCEPT the West 417 feet 5 inches of the North 208 feet 8.5 inches,

AND EXCEPT any portion thereof which might lie within the East 500 feet of said South ½ of the Southwest ¼ of the Southeast ¼ of said Section.

Situate in the County of Skagit, State of Washington.

200703050129 Skagit County Auditor

3/5/2007 Page

4 of

411:52AM