



200708090125

Skagit County Auditor

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A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this day of , (year),

by first party, Grantor, *SHARIPOFF Family TRUST*
whose post office address is *P.O. Box 962 Mulino OR 97042*
to second party, Grantee, *GREGORY A. SHARIPOFF*
whose post office address is *P.O. Box 962 Mulino OR 97042*

WITNESSETH, That the said first party, for good consideration and for the sum of
☒ Dollars (\$ *LOVE & AFFECTION*) 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 there-
to in the County of *SKAGIT* , State of *WA* to wit:

*P111596 - ACC 350617-0-004-0200 4.28 AC INCLUDING
MANUFACTURED HOME # ORFLX 48A26578 LOT 3 OF SKA
GIT COUNTY SHORT PLAT # 96-007 RECORDED
UNDER AUDITOR'S FILE # 9707020001 BEING A PORTION
OF THE NORTHWEST QUARTER LYING NORTHERLY OF
HIGHWAY 20*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

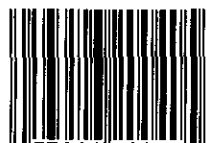
3784
AUG 09 2007

Amount Paid \$ *6*
Skagit Co. Treasurer
By *JAM* Deputy

AQHH (1)

Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



0 53926 20040 5

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:

Ralph Wartchow
Signature of Witness

Ralph Wartchow
Print name of Witness

Debbie Boyd
Signature of Witness

Debbie Boyd
Print name of Witness

SHARIP, FF Family Trust
Signature of First Party

Andray Sharipov
Print name of First Party

Signature of First Party

Print name of First Party

State of Washington

County of Skagit

On June 7, 2007
appeared

before me, Andray Sharipov

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.

Eileen Wartchow
Signature of Notary

Affiant Known Produced ID Driver License
Type of ID Seal

State of _____ }
County of _____
On _____
appeared

before me,

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.

Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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