



200810310140  
Skagit County Auditor

10/31/2008 Page 1 of 2 4:08PM

**RETURN TO:**

WILLIAM HOLSTEIN  
988 HOMESTEAD DRIVE  
BURLINGTON, WA 98233

LAND TITLE OF SKAGIT COUNTY

131242-9

**QUIT CLAIM DEED**

Reference # (if applicable) \_\_\_\_\_

Abbreviated Legal Description: \_\_\_\_\_

Additional on Page: \_\_\_\_\_

Assessor's Tax Parcel ID# 48460000120000

THE GRANTOR DONNELLE K. HOLSTEIN, WIFE OF WILLIAM A. HOLSTEIN

for and in consideration of TO ESTABLISH SEPARATE PROPERTY

conveys and quit claims to WILLIAM A. HOLSTEIN, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY

the following described real estate, situated in the County of SKAGIT State of Washington:  
together with all after acquired title of the grantor(s) therein:  
LOT 12, "AMENDED PLAT OF HOMESTEAD PLACE SUBDIVISION," AMENDED ON MAY 6,  
2005 UNDER AUDITOR'S FILE NO. 200505060135, RECORDS OF SKAGIT  
COUNTY, WASHINGTON.

SITUATE IN THE CITY OF BURLINGTON, COUNTY OF SKAGIT, ~~ST~~<sup>X</sup>  
STATE OF WASHINGTON.

Dated: October 24, 2008 3622

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

OCT 31 2008

Amount Paid \$ 0

Skagit Co. Treasurer

By Lb Deputy

Donnelle K. Holstein

DONNELLE K. HOLSTEIN

NOTARY PAGE

STATE OF WASHINGTON }  
County of Skagit } ss.  
}

I hereby certify that I know or have satisfactory evidence that Dawelle K. Holstein

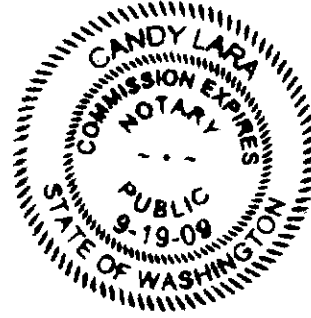
is the person(s) who appeared before me, and said person(s) acknowledged that (he, she, they) signed this instrument and acknowledged it to be (his, her, their) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 10/25/2008

Candy Lara  
Notary Public in and for the State of Washington

Candy Lara  
Printed Name

Residing at Bothell  
My appointment expires 9-19-09



STATE OF WASHINGTON }  
County of \_\_\_\_\_ } ss.  
}

I hereby certify that I know or have satisfactory evidence that \_\_\_\_\_

is the person(s) who appeared before me, and said person(s) acknowledged that (he, she, they) signed this instrument, on oath stated that \_\_\_\_\_  
authorized to execute the instrument and acknowledge it as the \_\_\_\_\_  
of \_\_\_\_\_ to be the free and voluntary  
act of such party for the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

Notary Public in and for the State of Washington

Printed Name \_\_\_\_\_

Residing at \_\_\_\_\_

My appointment expires \_\_\_\_\_



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