When recorded return to:

SUTTON FUNDING LLC 701 Corporate Center Dr Raleigh, NC 27607



1/8/2009 Page

1 of

2 3:19PM

CHICAGO TITLE CO.

QUIT CLAIM DEED

THE GRANTOR(S) EQUIFIRST CORPORATION, a North Carolina corporation

for and in consideration of TIVIE CLEARING WILL / WAC-458-614-211(2d)

MERE CHANGE IN IDENTITY WAC-458-61A-211(2d)

in hand paid, conveys and quit claims to SUTTON FUNDING, LLC, a Delaware Limited Liability Company

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor(s) herein:

Lot 12, LITTLE MOUNTAIN ADDITION, according to the Plat thereof recorded in Volume 15 of Plats, pages 1 through 5, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington,

Tax Parcel Number(s): 4566-000-012-000

Dated: Jan. 5, 2009

EQUIFIRST CORPORATION, by BARCLAYS CAPTIAL REAL ESTATE INC, A Delaware Corporation, d/b/a HomEQ Servicing, Attorney in Fact

Assistant Secretary

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

JAN 0 8 2009

STATE OF		Amount Page 1	
COUNTY OF	SS.	Skagit Co. Treasurer By Deputy	
I certify that I know or have satisfactory	evidence that		
(is/are) the person(s) who appeared before	ore me, and said person(s	s) acknowledged that he/she	signed
this instrument, on oath stated that he	is/she is authorized	to execute the instrument and ackn	owledge it as
the BARCLAYS CAPTIAL REAL ESTATE IN	C, A Delaware Corporation, o	d/b/a HomEQ Servicing as ATTORNEY	IN FACT of
EQUIFIRST CORPORATION to 1	oe the free and voluntary	act of such party(ies) for the uses	and purposes
mentioned in this instrument.		The second section of the section of th	
Dated:			
	Notary name printe	ed or typed:	
	Notary Public in a	nd for the State of	<u> </u>
	Residing at		
	My appointment ex	xpires:	

State of California	.}			
County of Sacrament	o } ss.			
and acknowledged capacity(ies) and tha upon behalf of which I certify under PEN foregoing paragraph is	Noriko Colston to be the person(s) who to me that he/she/the t by his/her/their signa the person(s) acted, ex ALTY OF PERJURY s true and correct.	ose name(s) is/are ey executed the ture(s) on the ins ecuted the instrun	, Notary Public, p proved to me on the subscribed to the within in same in his/her/their au trument the person(s), or t nent. of the State of California	basis of astrument authorized the entity
Witness my hand and Notary signature	official seal.	SSHA	J. GUALANO COMM.#1607324 HOTARY PUBLIC-CALIFORNIA SACRAMENTO COUNTY COMM. EXP. SEP 18, 2009	
			The state of the s	

