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2 12:17PM

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Date of this Document: July 20,2009

Reference Number of Any Related Documents:

Grantor:

Name	Cascade River Commu	hity Club
Street Address	P.O. Box 141	

City/State/Zip Marblemount, Wa. 98267

Grantee:

Name	Mike Oakley		
Street Address	19906 51 st . N.E		
City/State/Zin	Arlington, Wa 98223		

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

JUL 2 9 2009

Amount Paid \$ 49 .50 Skagit Co. Treasurer By Man Deputy

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building an condo name): Lot 152 Division I Cascade River Park ______

Assessor's Property Tax Parcel/Account Number(s): P63702

THIS QUITCLAIM DEED, executed this 20th	day of July	<u> </u>
20 09, by first party, Grantor, Cascade River Community Club		, wi /
mailing address is P.O. Box 141 Marblemount, Wa. 98267		
second party, Grantee, Mike Oakley		<u> </u>
whose mailing address is 19906 51st. N.E. Arlington, Wa. 9822		<u> </u>

i/VITNESSETH that the said first party, for good consideration and for the sum of Two Thousand five Hundred ______ Dollars (\$ 2500.00 ______) paid by the said second party, the receipt whereof is hereby acknowledged, Joes hereby remise, release and luitdaim unto the said second oarty forever, all the riaht. title, interest and claim. UIG baiU HIM JJdliy IIdi 111 dIIU IU Uie lunuwmy uesulueu pali-cl ul IQHU, anu iMifjluvcuicnio auu thereto in the County of Skagit _______, State of Washington to wit: Lot 152 Division I Cascade River Park Marblemount, Washington Tax Parcel P6370

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signec sealed and delivered in the presence of:

Signature of Witness Print Name of Witness Signature of Witness Print Name of Witness Signature of Grantor Print Name of Grantor Robert Robert Anderson State of 10/18 County of Ska before me, Robert Anderson 7120109 0n personally known to me (or provec hefore me appeared 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 angue L'Stocuman Produced ID Affiant Known Type of ID privers license

