



200907310070

Skagit County Auditor

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2 1:05PM

Document Title:

Homestead Declaration

Reference Number:

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1.

James Chace

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_

1.

Public

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

lot 1 Spinnaker  
Cove

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_

P 114513

Recording Request By  
and When Recorded Mail To

James Chace

Name

1615 N. 43<sup>rd</sup> Place

Address

Mt. Vernon, Wa., 98273

City State and Zip

## HOMESTEAD DECLARATION

I, James Chace, do hereby certify and declare the following:

1. That I am the owner of the following property located at the address of 1615 N. 43<sup>rd</sup> Place, in the City of Mount Vernon, and County of Skagit, State of Washington, and more particularly described as follows (give complete legal description):

2. I claim this property and the dwelling thereon as a homestead.

3. ☒ This property is my principal dwelling, and I reside in this property on the date that the homestead declaration is recorded.

☒ I intend for this property to be my principal dwelling, and intend to reside there beginning 2009, July.

4. The estimated cash value of the property described in Section 1 above is \$ 237,000.

5. The facts stated in this homestead declaration are known to be true as of my own personal knowledge.

Signature

James Chace

Printed Name

James Chace

Date July 31, 2009

Signature of Spouse

Printed Name of Spouse

Date

State of Washington

County of Skagit

} ss.

On July 31, 2009 before me, Angelique M. James, personally appeared James Chace 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.

NOTARY SEAL

Notary Public  
State of Washington  
ANGELIQUE M JAMES  
My Appointment Expires Jul 1, 2012

NOTARY SIGNATURE

Angelique M James  
(Name of Notary)

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