

8/26/2009 Page

1 of

3 11:18AM

Document Title: QI	JIT CLAIM DEED	
Reference Number:		
Grantor(s):	[_] additional grantor names on page	
1. LENZ, MALLORY	7	
2. LENZ, GARTH		
<u>Grantee(s):</u>	[_] additional grantee names on page	
1. LENZ, GARTH		
2.		
Abbreviated legal description:	[_] full legal on page(s)	
LTS 13-14 BL 73 MAP OF THE CITY OF ANACORTES		
Assessor Parcel / Tax ID Number:	[_] additional tax parcel number(s) on page	
<u>P55394</u>		

-27.	
When recorded return to:	
Annen terutaen territa in:	
THE TOCOLOGIC ICIAIN TO	

Quitclaim Deed: Washington

	- B	
THIS QUITCLAIM DEED, executed this day of	June , 2009	- 1
by first party, Grantor, Mallory Lenz + Ga	irth Lenz	
whose post office address is 2080 Washington St	treet, Manson, LUA 981	<u>8</u> 3/
to second party, Grantee, Garth Lenz		
whose post office address is \$830 Pribilof		
Anchorage AK		
	12/ +	
WITNESSETH, That the said first party, for good consideration and	for the sum of	
	Dollars (\$)
paid by the said second party, the receipt whereof is hereby acknowledged, do	oes hereby remise, release and quitclaim unto th	ne
said second party forever, all the right, title, interest and claim which the said		
parcel of land, and improvements and appurtenances thereto in the County of	La a f	
State of Washington to wit:		-,
		
House, Garage, Goost House au	nd all Property @	_
Anacones Lot 14 Blk 73 /13		_
located a 1216 sixth Street		
	The contract is a second	
Specifically, Lots 13+14 B	lock 73 map of the	_
City of Anacortes, According	to the Plat	
Thereof Recorded in Volume	2 of Plats Page 4,	_
	Washing ton	<u>t</u>
	W43/11/4	
T Mollow / 2 0 000 deligation	my store of the	_
+ I Mallory Lenz com apprancy	, my share of the	
property to my prother, Gar	th 2012	
		_
		— ₁
* * Mallory delacey Lenz, as Stated or	n Statutory Warranty De	ed
		_
OFF201	SKAGIT COUNTY WASHINGTON	
PD0999	REAL ESTATE EXCISE TAX	_
•	3 610	L.
	AUG 2 6 2009	garager - Selentary
		2000 2000



Amount Paid \$ 58
Skagit Co. Treasurer
By MM Deputy

	igned and sealed these presents the day and year first above written. Signed,
sealed and delivered in presence of:	
Signature of Witness:	
Printed Name of Witness:	
MIN.	
Signature of First Party:	X or
Printed Name of First Party: Mallory	Leaz
(<i>K</i> .	
Address of Witness:	
No.	
State of Washington County of Ch 1 OLA	
County of	1
I certify that I know or have satisfactory evidence t	hat Mallory Lenz (name of person) is the per-
son who appeared before me, and said person ack	nowledged that (he/she) signed this instrument, on oath stated that (he/she)
was authorized to execute the instrument and ackr (officer, trustee, etc.) of	(name of party on behalf
of whom instrument was executed) to be the free a	and voluntary act of such party for the uses and purposes mentioned in the
instrument.	
Dated: (0/9/09	Signature: VI Place May May Mally
(San Terran	Title: ESCHOLD COFFICIENT
OTE WARNE	me
SWINDSON ESTE	51811 N//
(2 4	My appointment expires: 8/8/10
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OF WASHING!	