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Above Space Reserved for Recording [If required by your jurisdiction, list above the name & address of 1) where to return this form; 2) preparer;

Quitclaim Deed

Date of this Document: August 31,2009

Reference Number of Any Related Documents:

Grantor		
Name	Cascade River Community C	lub
Street Address	<u> </u>	
City/State/Zip	Marblemount, Wa. 98267 _	SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX
Grantee:	(2792 SED 1 4 2000
Name	Joe and Heather Stevens	SEP 1 4 2009
Street Address	2058 E. La Cresta Dr	Amount Paid \$ 147.
	Salt Lake City, Utah 84121	Skagit Co. Treasurer By C JULIN Deputy
	al Description (i.e., lot, block, plat or sec ot 67 Div. III Cascade River Park	tion, township, range, quarter/qua
Assessor's Prope	erty Tax Parcel/Account Numbers): P639	340
THIS QUITCLAI	M DEED, executed this 31st.	day of. August
	st party, Grantor.Cascade River Commu	
	is P.O. Box 141 Marblemount, Wa. 982	67
	antee, Joe and Heather Stevens	
,/vhose mailing a	ddress is 2058 E. La Cresta Dr. Salt Lak	eCity, Utah 84121
WITNESSETH t Thousand Dollar		<u> </u>
Dollars (\$ 8,000.0		cond party, the receipt whereof is
•	edged, does hereby remise, release and	quitclaim unto the said second
party forever, all	the right, title, interest and claim,	

has in and to the following described parcel of land, and thereto in the County of Skagit to wit: Lot 67 Division III Cascade River Park Parcel #	improvements and appurtenances , State of Washington P 63949 6188 E. Ross Pl. Marblemount, Skagit County
Wh. 98267	
I N WITNESS WHEREOF, the said first party has signed and se sealed and delivered in the presence of::	aled these presents the day and year first written above. Signed,
Signature of Witness	
Print Name of Witness	
Signature of Witness	
Print Name of Witness	
Signature of Grantor Suclose & Cent	Reit Plas.
Print Name of Grantor Robert L. Ander	250~
State of: Washington County of: Stage	me Co
On 9/3/3099 , before me,	personally known to me (or proved
to me on the basis of satisfactory evidence) to be the pers	
instrument and acknowledged to me that he/she/they executed	cuted the same in (is/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.	e person(s), or the entity upon behalf of which the
persongs) acted, executed the institution.	
WITNESS my hand and official seal.	L Doron
Signature of Notary	
Affiant Produced ID	
Type of ED 01787	
The state of the s	
WO THE	
SEAL	Skagit County Auditor

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