



200911100009

Skagit County Auditor

11/10/2009 Page

1 of

2 9:56AM

AFTER RECORDING MAIL TO:

Name Geoff De Vries
Address 23126 Buchanan St.
City/State M.V. WA 98273

Quit Claim Deed

THE GRANTOR

Buchanan Acres / Geoffrey De Vries
for and in consideration of
A mere change in identity
conveys and quit claims to

Geoffrey + Suzanne De Vries

the following described real estate, situated in the County of _____
together with all after acquired title of the grantor(s) therein:

, State of Washington,

(1.00 AC) BUCHANAN ACRES LONG CARD
LONG CARD # PLOS-0014, LOT 6
AF 2006 112 00082

**First American Title
Insurance Company**

(this space for title company use only)

Assessor's Property Tax Parcel/Account Number(s): P 125673Dated 11/10 2009

(Individual)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

3457

NOV 10 2009

By _____

Amount Paid \$ _____
By _____ Skagit Co. TreasurerBy _____ Deputy
(Secretary)

STATE OF WA)
COUNTY OF Skagit) ss.

I certify that I know or have satisfactory evidence that Geoffrey Devries

[Name(s) of person(s)]

is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: Nov 10, 2009

(Seal or Stamp)

Megan Johnson
(Signature)

Notary Public in and for the State of WA,
residing at Sead Woolley
My commission expires March 4, 2012

STATE OF)
COUNTY OF) ss.

I certify that I know or have satisfactory evidence that _____

[Name(s) of person(s)]

is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/were authorized to execute the instrument and acknowledged it as the _____

(Type of Authority, e.g., Officer, Trustee)

of _____

(Name of the Party on Behalf of Whom the Instrument was Executed)

to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____

(Seal or Stamp)

(Signature)

Notary Public in and for the State of _____,
residing at _____
My commission expires _____



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