



201004280089

Skagit County Auditor

4/28/2010 Page

1 of

2 10:21AM

Above Space Reserved for Recording [If required by your jurisdiction, list
above the name & address of 1) where to return this form; 2) preparer 3) party requesting

Quitclaim Deed

Date of this Document: January 24, 2010

Reference Number of Any Related Documents:

Grantor:

Name Cascade River Community Club
Street Address P.O. Box 141.
City/State/Zip Marblemount, Wa. 98267

Grantee:

Name Joseph Treftz
Street Address P.O. Box 70
City/State/Zip Marblemount, Wa. 98267

1144
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax

APR 28 2010

Amount Paid
Skagit County Treasurer
By: 020 91.15
Deputy

^breviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, build
ondo name): Lot 3 Division I Cascade River Park _____

Assessor's Property Tax Parcel/Account Number(s): P63550.

THIS QUITCLAIM DEED, executed this 25 day of. January 2010
, by first party, Grantor, Cascade River Community Club _____
mailing address is P.O. Box 141 Marblemount, Wa. 98267 _____
second party, Grantee, Joseph Treftz _____
whose mailing address is P.O. Box 70 Marblemount, Wa. 98267

WITNESSETH that the said first party, for good consideration and for the sum of Four Thousand _____
Dollars (\$ 4000.00 _____) paid by the said second party, the receipt whereof is hereby
acknowledged
does hereby remise, release and Quitdaim unto the said second party forever.all the rightjinterest and daim

which the said first party has in and to the following described parcel of land, and improvements and appurtenances
t:hereto in the County of Skagit _____, State of Washington
to wit: Lot 3 Division I Cascade River Park Parcel # P63550

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

Signature of Witness _____
Print Name of Witness _____

Signature of Witness Print _____
Name of Witness _____

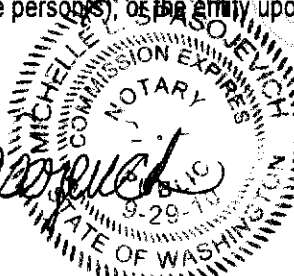
Signature of Grantor Print Robert Anderson
Name of Grantor _____

State of WASHINGTON
County of SKAGIT

On 1.27.2010, before me, Michelle L. Spasojevic,
appeared Robert Anderson, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) (s) 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 Michelle L. Spasojevic



Affiant _____ Known ☒ Produced ID
Type of ID _____



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