



201107120055

Skagit County Auditor

7/12/2011 Page 1 of 3 1:47PM

Document Title: STATUTORY WARRANTY DEED

Reference Number:

Grantor(s):

additional grantor names on page ___

- 1. TIMOTHY C. PARIS
- 2. JILL R. PARIS

GUARDIAN NORTHWEST TITLE CO.
101956

Grantee(s):

additional grantee names on page ___

- 1. LUKE DEMPSEY
- 2.

Abbreviated legal description:

full legal on page(s) ___

LOT 97 CASCADE RIVER PARK #3

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

3873-000-047-0002 P63970

I, MARLA HICKOK, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$42.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Marla Hickok

Dated 7-12-11

When recorded return to:
Luke C. Dempsey
P.O. Box 40171
Bellevue, WA 98015

Recorded at the request of:

File Number: 101956

Statutory Warranty Deed

THE GRANTORS Timothy C. Paris and Jill R. Paris, Husband and Wife and were married at the time of purchase for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to Luke Dempsey, a single man the following described real estate, situated in the County of Skagit, State of Washington

Abbreviated Legal:

Lot 97, "CASCADE RIVER PARK NO. 3"

GUARDIAN NORTHWEST TITLE CO.

Tax Parcel Number(s): P63970, 3873-000-097-0002

101956

Lot 97, "CASCADE RIVER PARK NO. 3", as per plat recorded in Volume 9 of Plats, pages 22, 23 and 24, records of Skagit County, Washington.

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey as described in Exhibit "A" attached hereto

Dated

6/29/2011

Timothy C. Paris
Timothy C. Paris

Jill R. Paris
Jill R. Paris

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2064

JUL 12 2011

STATE OF ~~Washington~~ California
COUNTY OF ~~Skagit~~ Contra Costa SS:

Amount Paid \$ 138.50
Skagit Co. Treasurer
By Manam Deputy

I certify that I know or have satisfactory evidence that Timothy C. Paris and Jill R. Paris, the persons who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: June 29, 2011

Maria Luisa Arvedo
Printed Name: ~~Katie Hickok~~ Maria Luisa Arvedo
Notary Public in and for the State of ~~Washington~~ California
Residing at Martinez
My appointment expires: ~~1/07/2015~~ 7/11/14



201107120055
Skagit County Auditor

7/12/2011 Page 2 of 3 1:47PM

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Contra Costa

On June 20, 2011 before me, Maria Luisa Azevedo, Notary Public
(Here insert name and title of the officer)

personally appeared Timothy C. Pans, Jill R. Paris

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Maria Luisa Azevedo
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)



201107120055
Skagit County Auditor