When recorded return to: Mr. Peter James Wenke 1432 29th Street Anacortes, WA 98221



4/5/2012 Page

1 of

4 3:45PM

Filed for Record at Request of Land Title and Escrow Escrow Number: 141817-OAE

LAND TITLE OF SKAGIT COUNTY

Grantor: Victoria W. Goodhope and Judith W. Fey

Grantee: Peter James Wenke

Tax Parcel Number(s): P107129/4648-000-104-0003

Abbreviated Legal: Unit 104W, Mountain View Condominium, Ph. 1

## Statutory Warranty Deed

THE GRANTOR(S) JUDITH W. FEY, AN UNMARRIED INDIVIDUAL AS HER SEPARATE PROPERTY, AS TO AN UNDIVIDED 1/2 INTEREST AND VICTORIA W. GOODHOPE, AN UNMARRIED INDIVIDUAL AS HER SEPARATE PROPERTY, AS TO AN UNDIVIDED 1/2 INTEREST for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to PETER JAMES WENKE, AN UNMARRIED INDIVIDUAL AS HIS SEPARATE PROPERTY GRANTEE(S) the following described real estate, situated in the County of Skagit, State of Washington

Unit 104W, "MOUNTAIN VIEW CONDOMINIUM, PHASE 1," as per Survey Map and Plans recorded in Volume 16 of Plats, pages 34 through 39, inclusive, and "Declaration" thereof recorded February 16, 1995, under Auditor's File No. 9502160027, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment No. 141817-<u>OAE</u>.

3/29/12

Victoria W. Goodhope

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

2012937 APR 0 5 2012

Amount Paid \$ 3 2 98 Skagit Co. Treasurer mam Deputy

> LPB 10-05(i-l) Page I of 2

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Dated

Victoria W. Goodbone

Judita W. Fey

201204050051 Skagit County Auditor

4/5/2012 Page

2 of

3:45PM

STATE OF Washington	_) ' '
COUNTY OF PIECLE	
	<del></del>
I certify that I know or have satisfactory eviden	ce that Victoria W. Goodhope
the person who appeared before me, and said p	person acknowledged that she
signed this instrument and acknowledge it to be	
uses and purposes mentioned in this instrument.	
Dated: 4/4/12	At to Manual the
	Nuter Mangum
Manage Services	Notary Public in and for the State of WA
JULA S MANON	Residing at 4227 S. Meridian
STATE OF THE PARTY	My appointment expires: 11-08-15
	· .
E NOTARY	
PUBLIC	
= 01 PUDDO /05	
2 7 1	
TO THE WAY	
OF WASHITH	ata .
No. of the control of	
State of Washington	
County of	SS:
I certify that I know or have satisfactory evider	nce that Judith W. Fey
	A nersonisi acknowieugeu mat
signed this instrument and acknowledge it to be	e his/her/their nee and votantally act for the
uses and purposes mentioned in this instrument	t y y y y
Dated:	_
	Day Le Cote of Wachington
	Notary Public in and for the State of Washington
	Residing at:
	My appointment expires:
`	

See attached.



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT	
State of California	. ]
County of LOS ANGELES	}
M 1 22 22 1	Various 11 + PII
On/lock 11-du before me, 1/-1	HARUTUNIAN a Notary Public, Here Insert Name and Title of the Officer
personally appeared Judith W	Name(s) of Signer(s)
	Name(s) of Signer(s)
	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
- <b>, </b>	instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
A. HARUTUNYAN Commission # 1848461	
Notary Public - California  Los Angeles County  My Comm. Expires Jun 6, 2013	Of the State of California that the foregoing paragraph is true and correct.
	WITNESS my hand and official seal.
Place Notary Seal Above	Signature M. Vlastilius Signature of Notary Public
<del></del>	TIONAL ————————————————————————————————————
Though the information below is not required by law, i and could prevent fraudulent removal and r	it may prove valuable to persons relying on the document eattachment of this form to another document.
Description of Attached Document	
Title or Type of Document: Statutory	Warranty Deed.
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	T
<ul><li>☐ Individual</li><li>☐ Corporate Officer — Title(s):</li></ul>	<ul><li>☐ Individual</li><li>☐ Corporate Officer — Title(s):</li></ul>
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact ☐ Trustee ☐ Trustee ☐ Trustee	Attorney in Fact OF Signer
☐ Guardian or Conservator	☐ Guardian or Conservator
Other:	☐ Other:
Signer Is Representing:	Signer Is Representing:
	I MENTAL ON THE SAME AND THE SA

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201204050051 Skagit County Auditor 4/5/2012 Page

4 of

4 3:45PM