

When recorded return to:  
Brandon L. Diers  
304 West State Street  
Sedro Woolley, WA 98284



201208030143  
Skagit County Auditor

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Filed for record at the request of:



CHICAGO TITLE  
COMPANY

425 Commercial  
Mount Vernon, WA 98273

Escrow No.: 620015785

*Chicago Title*

### QUIT CLAIM DEED

#### THE GRANTOR(S)

Kari L. Diers, wife of Brandon L. Diers

for and in consideration of No consideration per WAC 458-61A -203 To Separate Community Property  
in hand paid, conveys and quit claims to

Brandon L. Diers, a married man, as his sole and separate property

the following described real estate, situated in the County of Skagit, State of Washington together with  
all after acquired title of the grantor(s) herein:

The South 110 feet of Lot 5; EXCEPT the East 3 feet of the South 100 feet thereof, AND EXCEPT  
the West 60 feet thereof, all in TROWBRIDGE ADDITION TO THE TOWN OF  
SEDRO-WOOLLEY, according to the plat thereof, recorded in Volume 3 of Plats, Page 33, records  
of Skagit County, Washington.

Situate in Skagit County, Washington

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P77334, 4175-000-005-0212

Dated: August 1, 2012

*Kari Diers*

Kari L. Diers

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2012 2362

AUG 03 2012

Amount Paid \$ ☒  
Skagit Co. Treasurer  
By *ELC* Deputy

QUIT CLAIM DEED

(continued)

State of Washington

County of Skagit

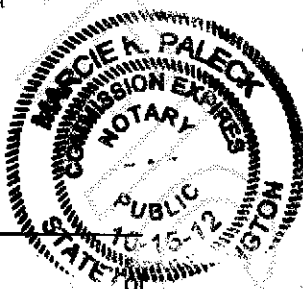
I certify that I know or have satisfactory evidence that

KARL L. DIERS

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

Dated: August 1 2012

MARCIE K. PALECK



Name: Marcie Paleck

Notary Public in and for the State of WA

Residing at: Residing in Mount Vernon, WA

My appointment expires: October 15, 2012

State of \_\_\_\_\_  
\_\_\_\_\_

I certify that I know or have satisfactory evidence that

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

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_



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2 4:08PM