

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

201208030143
Skagit County Auditor

8/3/2012 Page 1 of 2 4:08PM

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 L. Diers

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2012 2362

AUG 03 2012

Amount Paid \$ 0
Skagit Co. Treasurer
By *KLD* Deputy

QUIT CLAIM DEED
(continued)

State of Washington

County of Skagit

I certify that I know or have satisfactory evidence that

KARI L. DIEHL

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 this instrument.

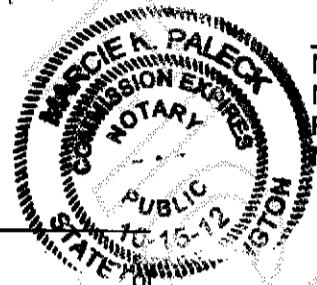
Dated: August 1, 2012

MARCIE K. PALECK

Marcie Paleck

Name: _____
Notary Public in and for the State of _____
Residing in Mount Vernon, WA WA
Residing at: _____
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 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: _____

