

FIDELITY NATIONAL TITLE  
MCLPC



201210040114

Skagit County Auditor

10/4/2012 Page

1 of

9 2:33PM

Recording Request By:  
Fidelity National Title Company

When Recorded Mail Document To:

James J. Eandi and Mary M. Eandi  
400 Woollen Road  
Burlington, WA 98233

Order No.: 38006574  
Escrow No.:

WARRANTY DEED

GRANTOR: DEBORAH BYRON - A SINGLE WOMAN  
EDWARD EANDI - A SINGLE MAN

GRANTEE: JAMES J. EANDI - HUSBAND & WIFE  
MARY M. EANDI

ABBREVIATED LEGAL: LOT 4 + N 22FT. OF LOT 5  
BLOCK 2 NORRIS ADDITION TO BURLINGTON

PIN: P72765 and 4091 002 005 0003

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20123157  
OCT 04 2012

Amount Paid \$ 2776.60  
Skagit Co. Treasurer  
By MG Deputy

Fidelity National Title Company  
3760 Kilroy Airport Way Suite 110  
Long Beach, CA 90806

[See Recording Requirements for Size and Margin Requirements]

WARRANTY DEED

The undersigned Grantor(s), Deborah Byron, a  
~~single/married man/woman~~, and Edward Eandi, A single man  
whose address is \_\_\_\_\_

Hereby CONVEYS AND WARRANTS to: James J. Eandi & Mary M. Eandi,  
a single/married man/woman, Husband and Wife  
whose address is: \_\_\_\_\_

the following described premises situated in the city/township of  
\_\_\_\_\_, County of Skagit, State of Washington

[insert legal description here]

for the sum of: ~~twenty two~~ <sup>one hundred</sup> + (\$122,000.00) Dollars \*~~thousand~~ dollars  
subject to easements and building and use restrictions of record if any,  
and any taxes which constitute a lien but are not yet due and payable.

Dated this 27th day of ~~September~~ 200 12

Witnesses:

Signed by:

\_\_\_\_\_  
[type witness name here]

Deborah Byron & Edward Eandi

[type grantor's name here]

\_\_\_\_\_  
[type witness name here]

*Deborah Byron*

Deborah Byron  
[type grantor's name here]

*Edward Eandi*

Edward Eandi

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ) ss

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
200\_\_, by [insert grantors names here]

\_\_\_\_\_  
[type notary name here]

Notary Public

\_\_\_\_\_ County,

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

My commission expires:

SEE ATTACHED ACKNOWLEDGMENTS

Send subsequent tax bills to:

Drafted By and Return to:



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Skagit County Auditor

**WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT** (RCW 42.44.100)

State of Washington }  
County of SKAGIT } ss.

I certify that I ~~know or~~ have satisfactory evidence that DEBORAH BYRON  
Name of Signer

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

Dated: SEPTEMBER 27, 2012  
Month/Day/Year



Jenna M Delzell  
Signature of Notarizing Officer

NOTARY PUBLIC  
Title (Such as "Notary Public")

My appointment expires  
OCT. 8, 2014  
Month/Day/Year of Appointment Expiration

Place Notary Seal and/or Stamp Above

**OPTIONAL**

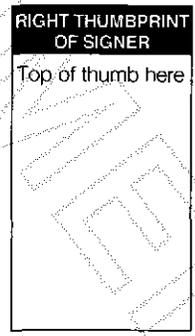
*Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: WARRANTY DEED

Document Date: 9-27-2012 Number of Pages: 4

Signer(s) Other Than Named Above: EDWARD FAHNT



**WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT** [RCW 42.44.100]

State of Washington }  
County of SKAGIT } ss.

I certify that I ~~know~~ or have satisfactory evidence that EDWARD FANDI  
Name of Signer

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

Dated: SEPTEMBER 27, 2012  
Month/Day/Year



Jenna M Delzell  
Signature of Notarizing Officer

NOTARY PUBLIC  
Title (Such as "Notary Public")

My appointment expires  
OCT. 8, 2014  
Month/Day/Year of Appointment Expiration

Place Notary Seal and/or Stamp Above

**OPTIONAL**

*Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: WARRANTY DEED

Document Date: 9-27-2012 Number of Pages: 4

Signer(s) Other Than Named Above: DEBORAH BYRON



 CHICAGO TITLE INSURANCE COMPANY

Title No FNTMCLPC-38006574

**LEGAL DESCRIPTION**

**EXHIBIT "A"**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAGIT, STATE OF Washington,  
AND IS DESCRIBED AS FOLLOWS:

LOT 4 AND THE NORTH 22 FEET OF LOT 5, BLOCK 2 NORRIS ADDITION TO BURLINGTON ACCORDING TO  
THE PLAT THEREOF, RECORDED IN VOLUME 6 OF PLATS, PAGE 3 RECORDS OF SKAGIT COUNTY,  
WASHINGTON

SITUATE IN SKAGIT COUNTY, WASHINGTON.

Parcel ID: P72765 AND 4091-002-005-0003

Commonly known as 113 Cleveland Street, Burlington, WA 98233  
However, by showing this address no additional coverage is provided



201210040114  
Skagit County Auditor

Expiration Date: \_\_\_\_\_

**NOTARY IDENTIFICATION STATEMENT**

*(Please Print)*

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF PERSON SIGNING: DEBORAH BYRON

Type of Identification Presented: DRIVER LICENSE  
(Driver's License, Passport, Other)

State or Entity Issuing ID WA DMV

Identification Number BYRONDASO3RK

Birth Date 12-12-1950

Expiration Date (Must be Valid): 12-12-2012

\*\*\*\*\*

I CERTIFY THE IDENTIFICATION AS STATED ABOVE WAS PROVIDED TO ME AT THE TIME THE BORROWER AND/OR CO BORROWER EXECUTED DOCUMENTS FOR THE STATED ORDER NUMBER.

Jenna M. Dezell      9-27-12

NOTARY SIGNATURE

DATE

NOTARY SEAL

**IMPROPERLY NOTARIZING A DOCUMENT IS A VIOLATION OF STATE LAW, ANY OCCURRENCE WILL BE REPORTED TO THE APPROPRIATE AUTHORITIES**

Notary Errors & Omissions Insurance Information (Or attach current Copy of Policy Declarations Page)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



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**NOTARY IDENTIFICATION STATEMENT**

*(Please Print)*

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF PERSON SIGNING: EDWARD EANDT

Type of Identification Presented: WA DRIVER'S LICENSE  
(Driver's License, Passport, Other)

State or Entity Issuing ID WA DMV

Identification Number EANDTEEL444BM

Birth Date 01-14-1956

Expiration Date (Must be Valid): 01-14-2014

\*\*\*\*\*

I CERTIFY THE IDENTIFICATION AS STATED ABOVE WAS PROVIDED TO ME AT THE TIME THE BORROWER AND/OR CO BORROWER EXECUTED DOCUMENTS FOR THE STATED ORDER NUMBER.

Jenna M Oebell 9-27-12

NOTARY SIGNATURE

DATE

NOTARY SEAL

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Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_



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NOTARY IDENTIFICATION STATEMENT

(Please Print)

PROPERTY ADDRESS: 113 Cleveland St

NAME OF PERSON SIGNING: James J Eandi ~~Mary M Eandi~~

Type of Identification Presented: J0623270 DC  
(Driver's License, Passport, Other)

State or Entity Issuing ID Ca

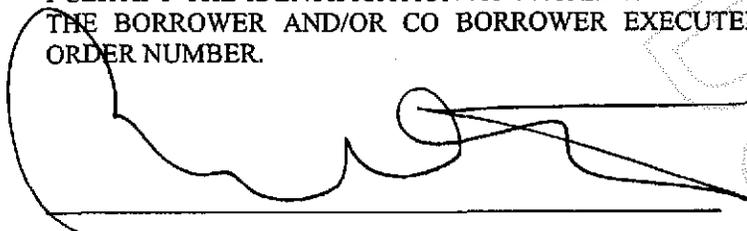
Identification Number J0623270

Birth Date 12-2-43

Expiration Date (Must be Valid): 12-2-14

\*\*\*\*\*

I CERTIFY THE IDENTIFICATION AS STATED ABOVE WAS PROVIDED TO ME AT THE TIME THE BORROWER AND/OR CO BORROWER EXECUTED DOCUMENTS FOR THE STATED ORDER NUMBER.



9-27-12

NOTARY SIGNATURE

DATE

NOTARY SEAL

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Notary Errors & Omissions Insurance Information (Or attach current Copy of Policy Declarations Page)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_



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Expiration Date: \_\_\_\_\_

**NOTARY IDENTIFICATION STATEMENT**

*(Please Print)*

PROPERTY ADDRESS: 113 Cleveland St.

NAME OF PERSON SIGNING: MARY M Eandi

Type of Identification Presented: DL  
(Driver's License, Passport, Other)

State or Entity Issuing ID CA

Identification Number P0044276

Birth Date 8-4-45

Expiration Date (Must be Valid): 8-4-15

\*\*\*\*\*

I CERTIFY THE IDENTIFICATION AS STATED ABOVE WAS PROVIDED TO ME AT THE TIME THE BORROWER AND/OR CO BORROWER EXECUTED DOCUMENTS FOR THE STATED ORDER NUMBER.

[Signature] 9-27-12

NOTARY SIGNATURE

DATE

NOTARY SEAL

**IMPROPERLY NOTARIZING A DOCUMENT IS A VIOLATION OF STATE LAW, ANY OCCURRENCE WILL BE REPORTED TO THE APPROPRIATE AUTHORITIES**

Notary Errors & Omissions Insurance Information (Or attach current Copy of Policy Declarations Page)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



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