When Recorded Return To: Indecomm Global Services 2925 Country Drive St. Paul, MN 55117



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After Recording Return to: TITLE SOURCE Attn: RECORDING TEAM 662 WOODWARD AVENUE DETROIT, MI 48226 File No. 56845686

Tax ID No.: P123166/4867-000-026-0000

(3) 56845686-1463071

QUIT CLAIM DEED

78035605

STATE OF WASHINGTON COUNTY OF SKAGIT

Rec. 3nd

THIS INDENTURE made and entered into on this 1 day of 50.02, by and between CLAUDE L. SMITH AND ELIZABETH E. SMITH, HUSBAND AND WIFE, AS JOINT TENANTS, 4626 HIDDEN LAKE LOOP, MOUNT VERNON, WA 98273 hereinafter referred to as Grantor(s) and CLAUDE L. SMITH AND ELIZABETH E. SMITH, TRUSTEES OF THE SMITH FAMILY TRUST, DATED OCTOBER 17, 2008, 4626 HIDDEN LAKE LOOP, MOUNT VERNON, WA 98273, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantors, for and in consideration of the sum of ONE and NO/100 (\$1.00) DOLLAR, cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged, have this day remise, release, quitclaim, grant, sell, and convey to the said Grantee following described real estate located in SKAGIT County, WASHINGTON:

SEE ATTACHED EXHIBIT "A"

ABBREVIATED LEGAL: LOT 26 SKAGIT HIGLANDS DIV 1. Buddon File no 2005 0816 0182

Property Tax ID No.: P123166/4867-000-026-0000

SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

See attacheded while to B - certification of Trust

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2012 3 340

OCT 22 2012

Amount Paid \$ // Skagit Co. Treasurer By MM Deputy Assessor's parcel No. P123166/4867-000-026-0000

IN WITNESS WHEREOF, the said Grantors have hereunto set their hands and seals on this the day and year first above written. My Appointment Expires Oct 1, 2014 STATE OF LUA COUNTY OF SKAG Claude L. Smith 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: Notary Public in and for the state of U My appointment expires: 10-lSTATE OF COUNTY OF I certify that I know or have satisfactory evidence that Elizabeth E Smith , (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, NOTARY PUBLIC Notary Public in and for the state of W My appointment expires: STATE OF WASHINGTON JAN WILLIS My Appointment Expires Oct 1, 2014

EXHIBIT A LEGAL DESCRIPTION

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

LOT 26, SKAGIT HIGHLANDS, DIVISION 1, A PLANNED UNIT DEVELOPMENT, RECORDED ON AUGUST 16, 2005, UNDER AUDITOR'S FILE NO. 200508160182, RECORDS OF SKAGIT COUNTY, WASHINGTON, SITUATED IN SKAGIT COUNTY, WASHINGTON.

PARCEL ID: P123166/4867-000-026-0000

PROPERTY COMMONLY KNOWN AS: 4626 HIDDEN LAKE LOOP, MOUNT VERNON, WA 98273

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After Recording Return to: TITUB SOURCE Attn: RECORDING TEAM 662 WOODWARD AVENUE DETROIT, MI 48226 File No. 56845686

Exhibit B

Tax ID No.: P123166/4867-000-026-0000

CERTIFICATION OF TRUST

The undersigned declare(s) under penalty of perjury under the laws of the State of WASHINGTON that the following is true and correct:

1. The Trust known as THE SMITH FAMILY TRUST, DATED OCTOBER 17, 2008, is a valid and existing trust.

The name(s) of the settlor(s) of the Trust is (are): CLAUDE L. SMITH AND ELIZABETH E. SMITH The name(s) of the currently acting trustee(s) is (are): CLAUDE L. SMITH AND ELIZABETH E. SMITH

- 2. The trustee(s) of the Trust have the following powers (initial applicable line(s)):
- __X___ Power to acquire additional property.
- __X___ Power to sell and execute decds.
- ___X____ Power to encumber, and execute deeds of trust.
 - ____ Other:
- 3. The Trust is (check one): __X___ Revocable ____ Irrevocable
- The name of the person who may revoke the Trust is: CLAUDE L. SMITH AND ELIZABETH E. SMITH

 4. The number of trustees who must sign documents in order to exercise the powers of the Trust is (are):
 - whose name(s) is (are): CLAUDE L, SMITH AND ELIZABETH E. SMITH
- 5. Title to Trust assets is to be taken as follows: CLAUDE L. SMITH AND ELIZABETH E. SMITH, TRUSTEES OF THE SMITH FAMILY TRUST, DATED OCTOBER 17, 2008.
- 6. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect.
- 7. I (we) am (are) all of the currently acting trustees.
- 8. I (we) understand that I (we) may be required to provide copies of excerpts from the original Trust documents which designate the trustees and confer the power to act in the pending transaction.

201210220221 Skagit County Auditor

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//	
Dated: 9/17/2012	
W. D. Haith -	NOTARY PUBLIC
CLAUDE L. SMITH, TRUSTEE Mustle	STATE OF WASHINGTON
Elizabet E Smith 1-unles	JAN WILLIS
ELIZABITH E. SMITH, TRUSTEE	My Appointment Expires Oct 1, 2014
STATE OF WA COUNTY OF SLAGIC	1.
I certify that I know or have satisfactory evidence that <u>Claude Issuit</u> , TRUSTEE, (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.	
Daned: 178=772012	
Jan Willis	
Notary Public in and for the state of WA My appointment expires: 1 - 1 + 4	
STATE OF WA COUNTY OF SKAGIT	
I certify that I know or have satisfactory evidence that Elzahare Initia , TRUSTEE, (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.	
Date(C)	
Jan Willis	NOTARY PUBLIC
Notary Public in and for the state of WAY My appointment expires: 10-1-14	STATE OF WASHINGTON
) [(JAN WILLIS
	My Appointment Expires Oct 1, 2014



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