

After Recording Return To:

Nicola K. LeSourd
P.O. Box 1107
Mount Vernon, WA 98273



201306180045

Skagit County Auditor

\$75.00

6/18/2013 Page

1 of

4 10:46AM

ASSIGNMENT OF LEASE WITH CONSENT THERETO

ASSIGNOR: **NICOLA K. LeSOURD, f/k/a NICOLA K. LEWIS,**
Personal Representative for the **Estate of DAVID**
MICHAEL ADDIE, Deceased

ASSIGNEE: **NICOLA K. LeSOURD**, a married woman as her separate
estate

Legal Description; Lot 22, PL02-0127, AFN 200303040030, Section 34,
Abbreviated Form: Township 35 North, Range 3 East, W.M.

Additional on Page: Page 1

Assessor's Tax Parcel No: 8012-000-022-0100; P115581

Reference Nos. of Documents
Assigned or Released: 9304230096; 200403170073

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20132313

JUN 18 2013

Amount Paid \$ ☒
By Skagit Co. Treasurer
lck Deputy

A. **NICOLA K. LeSOURD, f/k/a NICOLA K. LEWIS**, in her capacity as the duly appointed, qualified, and acting Personal Representative for the **Estate of DAVID MICHAEL ADDIE, Deceased**, under Skagit County Superior Court Cause No. 11-4-00063-0 ("ASSIGNOR"), in distribution of said estate, hereby assigns and transfers to **NICOLA K. LeSOURD**, a married woman as her separate estate ("ASSIGNEE"), all of Assignor's interest and position in and to that certain Lease dated April 20, 1993, and recorded under Skagit County Auditor's File No. 9304230096, as subsequently amended by a "First Amendment to Lease Agreement" dated July 20, 1993, and which was further amended by a "Second Amendment to Lease Agreement" dated August 3, 1993, and which was further amended by a "Third Amendment to Lease Agreement" dated March 16, 2004, and recorded under Skagit County

Auditor's File No. 200403170073, by and between the PORT OF SKAGIT COUNTY as Lessor and DAVID M. ADDIE as Lessee, (the "Lease"), covering certain premises owned by the PORT OF SKAGIT COUNTY, situated in the County of Skagit, State of Washington, and legally described as follows:

Lot 22, AMENDED SKAGIT REGIONAL AIRPORT BINDING SITE PLAN, PHASE 1, PL02-0127, dated February 28, 2003, recorded March 4, 2003, under Auditor's File No. 200303040030, records of Skagit County, Washington; and being a portion of Section 34, Township 35 North, Range 3 East, W.M.

B. The PORT OF SKAGIT COUNTY hereby consents to the Assignment of the Lease subject to and contingent upon compliance with the following agreements and conditions:

1. Assignee hereby unconditionally assumes all of Assignor's obligations contained in the Lease and accepts, agrees, and covenants to comply with, and guarantees performance and fulfillment of, all the terms and conditions contained in the Lease.
2. Assignor hereby agrees to comply with all its financial obligations as Lessee incurred to the PORT OF SKAGIT COUNTY through the date of assignment or as thereafter may be determined to have been incurred prior to the date of assignment.
3. A determination by the PORT OF SKAGIT COUNTY, at its sole discretion, that Assignee is financially responsible to meet its financial obligations pursuant to the Lease.
4. The Assignee hereby agrees that all notices and payments hereunder may be delivered or mailed as set forth herein. If delivered by messenger, courier (including overnight air courier), or facsimile transmittal, the same shall be deemed delivered when received at the street addresses or facsimile numbers listed below. All notices and payments mailed, whether sent by regular post or by certified or registered mail, shall be deemed to have been given on the second business day following the date of mailing, if properly mailed to the mailing addresses provided below, and shall be conclusive evidence of the date of mailing. The parties may designate new or additional addresses for mail or delivery by providing notice to the other party as provided in this section.

To Lessor: **Street Address:**
Port of Skagit County
15400 Airport Drive
Burlington, WA 98233
Phone No. (360) 757-0011

Mailing Address:
Port of Skagit County
P.O. Box 348
Burlington, WA 98233
Fax No. (360) 757-0014

To Assignee: **Street Address:**
Nicola K. LeSourd
13449 Rector Road
Mount Vernon, WA 98273
Phone No. (360) 707-1593

Mailing Address:
Nicola K. LeSourd
P.O. Box 1107
Mount Vernon, WA 98273



C. The signature of NICOLA K. LeSOURD as Personal Representative for the Estate of DAVID MICHAEL ADDIE, Deceased, hereinafter made constitutes evidence of the Estate's guarantee of the matters set forth in paragraph B(2) above. The signature of NICOLA K. LeSOURD hereinafter made constitutes evidence of her agreement to comply with the matters referenced in the paragraphs above and her guarantee of the performance and fulfillment of the obligations referenced in the paragraphs above. NICOLA K. LeSOURD acknowledges that she is fully authorized to execute this assignment/agreement individually and on behalf of the Estate of David Michael Addie, Deceased.

DATED this 20th day of December, 2012.

ASSIGNOR:

Estate of DAVID MICHAEL ADDIE,
Deceased

ASSIGNEE:

By Nicola K. LeSourd ^{PR}
NICOLA K. LeSOURD
Personal Representative

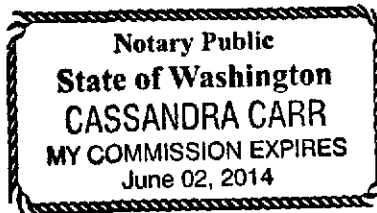
Nicola K. LeSourd
NICOLA K. LeSOURD

STATE OF WASHINGTON
COUNTY OF SKAGIT

} ss.

I certify that I know or have satisfactory evidence that NICOLA K. LeSOURD is the person who appeared before me, and said person acknowledged that she was authorized to execute the instrument and acknowledged it individually and as the Personal Representative of the Estate of DAVID MICHAEL ADDIE, Deceased, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 20th day of December, 2012.



Cassandra Carr

CASSANDRA CARR

Printed Name

NOTARY PUBLIC in and for the State of Washington
My Commission Expires 6/2/2014



201306180045

CONSENT TO ASSIGNMENT

The PORT OF SKAGIT COUNTY hereby consents to the assignment of the above referenced lease, and specifically, on the conditions hereinbefore set forth.

DATED this 11th day of June, 2013.

PORT OF SKAGIT COUNTY

By: *Patricia H. Botsford-Martin*

Print Name: Patricia H. Botsford-Martin

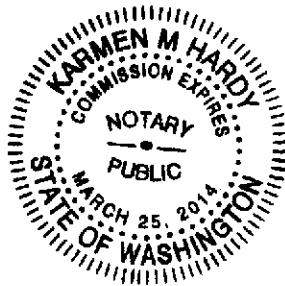
Its: Executive Director

STATE OF WASHINGTON
COUNTY OF SKAGIT

} ss.

I certify that I know or have satisfactory evidence that Patricia H. Botsford-Martin is the person who appeared before me, and said person acknowledged that s/he was authorized to execute the instrument and acknowledged it as the Executive Director of the Port Commission of the Port of Skagit County, a municipal corporation, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 11th day of June, 2013.



Karmen M. Hardy

Printed Name Karmen M. Hardy
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 3/25/14

