When recorded return to: Joan Johnson 3701 Wisteria Street Seal Beach, CA 90740



Skagit County Auditor

\$75.00

8/14/2013 Page

8:54AM

ACCOMMODATION RECORDING

LAND TITLE OF SKAGIT COUNTY

QUIT CLAIM DEED

m-20013

THE GRANTOR(S) JOAN S. JOHNSON, AN UNMARRIED PERSON AND CAROLYN J. FILLING, AN UNMARRIED PERSON, AS JOINT TENANTS for and in consideration of LOVE AND AFFECTION/GIFT WAC NO. 458-61A-201 in hand paid, conveys and quit claims to JOAN S. JOHNSON, AN UNMARIRED PERSON, CAROLYN J. FILLING, AN UNMARRIED PERSON AND JOHN CECCONI AND NIKKI J. CECCONI, HUSBAND AND WIFE, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP 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:

Lot 39, "SKYLINE NO. 1" according to the plat thereof, recorded in Volume 8 of Plats, pages 49 and 50, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

P59044/3817-000-039-0002 P107950/3817-000-039-0100 SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

20133255 AUG 1 4 2013

Dated: AKG-2, 2013

Amount Paid \$ Skagit Co. Treasurer

Mum Deputy

Joan S. Johnson

Carolyn J. Filling

LPB 12-05(i)rev 12/2006 Page 1 of 2

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

	•
State of California	· ·
County of Ocange	
On 8/2/13 before me, _	Here Insert Name and Title of the Officer
personally appeared Jom 5-	Johnson and Carolyn J. Name(s) of Signer(s)
Filling	Name(s) or algner(s)
	
	who proved to me on the basis of satisfactory
	evidence to be the person(s) whose name(s) is are
	subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
	his/her/their authorized capacity(ies), and that by
COLIN J. KENNEDY	his/bef/their signature(s) on the instrument the
o 6 120 COMM1987884 □	person(s), or the entity upon behalf of which the
NOTARY PUBLIC CALIFORNIA ORANGE COUNTY	person(s) acted, executed the instrument.
My Term Exp. August 12, 2016	Certify under PENALTY OF PERJURY under the
	laws of the State of California that the foregoing
	paragraph is true and correct.
	WITNESS my hand and official seal.
	With Ede in y hand and official seal.
	Signature:
Place Notary Seal and/or Stamp Above	Signature of Notary Public
	OPTIONAL and the second
and could prevent fraudulent ren	noval and realtachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	
☐ Individual RIGHT TH	UMBPRINT Individual RIGHT THUMBPRINT OF SIGNER
☐ Partner — ☐ Limited ☐ General Top of th	numb here Partner — Limited General Top of thumb here
☐ Attorney in Fact	☐ Attorney in Fact
☐ Trustee	□Trustee
Guardian or Conservator	☐ Guardian or Conservator
□ Other:	Other:
0:	
Signer Is Representing:	Signer Is Representing:



SS.

COUNTY 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

signed this instrument and acknowledged it to be

free and voluntary act for the uses and purposes mentioned in this instrument..

Dated:

Notary name printed or typed: Notary Public in and for the State of Residing at My appointment expires:

The grantees by signing the acceptance below, evidence their intention to acquire said premises as joint tenants with rights of survivorship, and not as community property or as tenants in common.

Accepted and approved:

Joan S. Johnson

John Cecconi

Carolyn J. Filling

Nikki I Ceceoni

LPB 12-05(i)rev 12/2006

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

77.73	
State of California)
- / - O	}
County of Orange	
On 8/2/15 before me,	olin). Kennedy
personally appeared Joan S. John	Name(s) of Signer(s)
John Cecconi and	Nikki J. Cecconi
	who proved to me on the basis of satisfactor
	evidence to be the person(s) whose name(s) is/are
	subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
	his/hei/their authorized capacity(ies), and that by
	Ms/her/their signature(s) on the instrument the
COLIN J. KENNEDY	person(s), or the entity upon behalf of which the
COMM1987884 7	person(s) acted, executed the instrument.
ORANGE COUNTY W	Certify under PENALTY OF PERJURY under the
My Term Exp. August 12, 2016	laws of the State of California that the foregoing
**************************************	paragraph is true and correct.
	WITNESS my hand and official seal.
	Signature:
Place Notary Seal and/or Stamp Above	PTIONAL Signature of Notary Public /
Though the information below is not required	I by law, it may prove valuable to persons relying on the document
·	oval and reattachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Individual RIGHT THUI OF SIG	
OF Sig □ Partner □ Limited □ General Top of thur	
☐ Attorney in Fact	☐ Attorney in Fact
□ Trustee	□ Trustee
☐ Guardian or Conservator	☐ Guardian or Conservator
□ Other:	□ Other:
Signer & Representing:	Signer Is Representing:

