

When recorded return to:

Linden Rae Ellingson
Danny Yost
3616 W 10th Street
Anacortes WA 98221



201410310055

Skagit County Auditor

\$74.00

10/31/2014 Page

1 of

3 11:30AM

QUIT CLAIM DEED

THE GRANTOR(S)

DANNY G. YOST and LINDEN RAE ELLINGSON, each as their separate property

for and in consideration of \$0.00

150716

in hand paid, conveys and quit claims to

DANNY GRAHAM YOST AND LINDEN RAE ELLINGSON, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP

the following described real estate, situated in the County of Washington

Skagit

, State of

together with all after acquired title of the grantor(s) herein:

Lot 37, "CRANBERRY HEIGHTS PHASE II," as per plat recorded in Volume 17 of Plats, pages 10 and 11, records of Skagit County, Washington

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

P113578

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2014 4117

OCT 31 2014

Amount Paid \$0

Skagit Co. Treasurer

By *Mam* Deputy

LPB 12-05(i) rev 12/2006

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Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s):

Dated: 10/27/14



DANNY GRAHAM YOST



LINDEN RAE ELLINGSON

STATE OF WASHINGTON
COUNTY OF SKEWIT

SS.

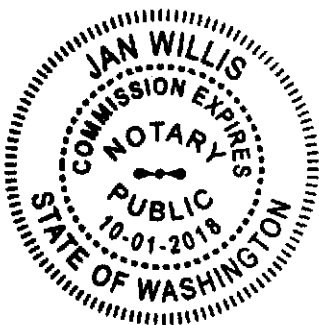
I certify that I know or have satisfactory evidence that
before me, and said person(s) acknowledged that they
their free and voluntary act for the uses and purposes mentioned in this instrument..

Danny Graham Yost and Linden Rae Ellingson
(is/are) the person(s) who appeared
signed this instrument and acknowledged it to be

Dated: 10/27/2014



Notary name printed or typed:
Notary Public in and for the State of WASHINGTON
Residing at Mount Vernon WA
My appointment expires: 10-1-18



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201410310055

EXHIBIT "A"

The undersigned Grantees herein agree to acquire title as Joint Tenants with Right of Survivorship, and not as Tenants-in-Common and not as Community Property.

Linden Rae Ellingson

State of WASHINGTON }
County of SKAGIT } SS

I certify that I know or have satisfactory evidence that DANNY GRAHAM YOST is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 10/27/2014

Jan Willis
Notary Public in and for the State of WASHINGTON
Residing at: MOUNT VERNON WA
My appointment expires: 10-1-18

State of WASHINGTON }
County of SKAGIT } SS

I certify that I know or have satisfactory evidence that LINDEN RAE ELLINGSOY is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 10/27/2014

Jan Willis
Notary Public in and for the State of WASHINGTON
Residing at: MOUNT VERNON WA
My appointment expires: 10-1-18

