

When recorded return to:

Mr. and Mrs. Robert O. Fraenzimmer  
2315 Calle La Cerna  
San Clemente, CA 92672



201502090090

Skagit County Auditor

\$73.00

2/9/2015 Page

1 of

2 11:30AM

## QUIT CLAIM DEED

Grantor: Robert O. Fraenzimmer and Chloetta N. Fraenzimmer

Grantee: Fraenzimmer Family Trust

Abbreviated Legal: Lot 13, View Acres Replat

Tax Parcel Number(s): P60553/3836-000-013-0009

THE GRANTOR ROBERT O. FRAUENZIMMER AND CHLOETTA N. FRAUENZIMMER, HUSBAND AND WIFE for and in consideration of TRANSFER INTO TRUST WAC 458-61A-211 (2) (H) conveys and quit claims to ROBERT O. FRAUENZIMMER AND CHLOETTA N. FRAUENZIMMER, TRUSTEES OF THE FRAUENZIMMER FAMILY TRUST the following described real estate, situated in the County of Skagit State of Washington, together with all after acquired title of the Grantor therein:

Lot 13, "REPLAT OF LOTS 25-48, VIEW ACRES ADDITION TO ANACORTES, WASH.," as per plat recorded in Volume 7 of Plats, page 85, records of Skagit County, Washington.

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

ACCOMMODATION RECORDING

Land Title and Escrow

M-26481

Dated: January 27, 2015

Robert O. Fraenzimmer  
Robert O. Fraenzimmer

Chloetta N. Fraenzimmer  
Chloetta N. Fraenzimmer

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I certify that I know or have satisfactory evidence that Robert O. Fraenzimmer and Chloetta N. Fraenzimmer

the persons who appeared before me, and said persons acknowledged that \_\_\_\_\_ They  
signed this instrument and acknowledge it to be Their free and voluntary act for the  
uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My appointment expires: \_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2015-390

FEB 09 2015

Amount Paid \$0  
Skagit Co. Treasurer  
By Man Deputy

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

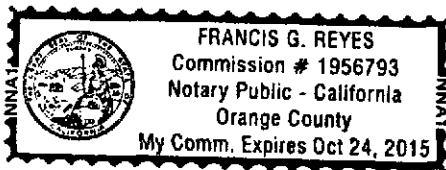
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of Orange )  
 On 2-3-15 before me, Francis G Reyes Notary Public,  
 Date Here Insert Name and Title of the Officer  
 personally appeared Robert O Fraenzimmer and  
 Name(s) of Signer(s)  
Chloetta N Fraenzimmer

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 his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I 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.



Signature [Signature]  
 Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Quit Claim Deed Document Date: 1-27-15  
 Number of Pages: 1 Signer(s) Other Than Named Above: NO Other Signers

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Robert Fraenzimmer  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☒ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_

Signer's Name: Chloetta Fraenzimmer  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☒ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_



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