

After Recording Mail To:  
Chicago Title Company  
425 Commercial Street  
Mount Vernon, WA 98273



201504060128

Skagit County Auditor  
4/6/2015 Page

\$72.00  
1 of 1 1:37PM

CHICAGO TITLE

620023134

AFFIDAVIT OF TRANSFER

Directions: Transferor is responsible for completing and signing this Affidavit at the time a Property is transferred. This form should accompany payment of the Transfer Fee due under the Affordable Housing Compensation Agreement. After completing this Affidavit, this Form and the applicable Transfer Fee should be mailed to: **LIR LLC**

Closing Agents: Check for recorded updates to this address and/or this form.

**P.O. Box 1416  
Marysville, WA 98270**

Transferor Name:	David Morley LLC
Transferee Name:	Gill B. Ormbeck, a single person
Transfer Date:	
Legal Description of Property:	Lot 23, Sauk Mountain View Estates North, Phase 1, Wildflower
Address of Property:	1620 Wildflower Way, Sedro-Woolley, WA 98284
Tax Parcel Number of Property:	P120328
Purchase Price:	\$154,900.00
Assessed Value:	\$115,100.00

Calculation of Transfer Fee Due:

Larger of ☒ Purchase Price or ☐ Assessed Value x Transfer Fee Rate (1.5%) = Transfer Fee Due

\$ 154,900.00

X .015

= \$ 2,323.50

This Transfer is exempt from the Transfer Fee because of the following: (Check one and provide documentation\*)

- ☐ Transfer was result of foreclosure or a transfer of deed in lieu of foreclosure.  
☐ Transfer was between spouses.  
☐ Transfer was from a parent or parents to their child(ren) without consideration.  
☐ Transfer was to an estate or heirs on the death of an Owner.  
☐ Transfer was to a Person or entity with the identical ownership of Transferor.  
☐ Transfer was only for the purpose of securing a debt. (Deed of Trust, etc.)  
☐ Other - describe here

\*To qualify as an exempt transfer, complete documentation of the basis for exemption must be sent with this form.

I certify that the above information is true, complete and correct. I hereby direct the escrow agent closing this transaction to calculate the Transfer Fee due, withhold the Transfer Fee from the sales proceeds due to me and to forward the Fee to the address above.

Transferor signature: \_\_\_\_\_

Date: \_\_\_\_\_

3-31-15

I certify that to the best of my knowledge the above information accurately reflects the transfer of the Property described above, between the two parties named above.

Closing agent signature: \_\_\_\_\_

Date: \_\_\_\_\_

4-6-15

Closing Agent Name: (Please print) \_\_\_\_\_

Martia Jennings

Contact Information: Chicago Title Company, 425 Commercial Street,  
Mount Vernon, WA 98273 (360) 424-1700