

AFTER RECORDING MAIL TO:

JCO Real Estate LLC
13741 45th Avenue S
Tukwila, WA 98168



Skagit County Auditor
5/13/2015 Page

1 of 5 \$78.00
1:45PM

Filed for Record at Request of:
First American Title Insurance Company

Space above this line for Recordors use only
GUARDIAN NORTHWEST TITLE CO.

109110

STATUTORY WARRANTY DEED

File No: **4221-2414499 (SR)**

Date: **May 05, 2015**

Grantor(s): **Ella Marie Staats-Raymond**

Grantee(s): **JCO Real Estate LLC**

Abbreviated Legal: **Lot 4, Sunset View**

Additional Legal on page:

Assessor's Tax Parcel No(s): **P81912, 4415-000-004-0007**

THE GRANTOR(S) Allen Raymond and Rhonda Wiler as guardians of the estate of Ella Marie Raymond, an incapacitated person for and in consideration of Ten Dollars and other Good and Valuable Consideration, in hand paid, conveys, and warrants to JCO Real Estate LLC, a Washington limited liability company, the following described real estate, situated in the County of Skagit, State of Washington.

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Lot 4, "PLAT OF SUNSET VIEW DIVISION NO. 1", as per plat recorded in Volume 12 of Plats, page 86, records of Skagit County, Washington.

Subject To: This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20151669
MAY 13 2015

Amount Paid \$ 2,683.⁹⁰
Skagit Co. Treasurer
By *mom* Deputy of 3

LPB 10-05

Ella Marie Staats-Raymond

Allen Raymond
Allen Raymond, Guardian

Rhonda Wiler
Rhonda Wiler, Guardian

STATE OF Washington)
)-ss
COUNTY OF)

I certify that I know or have satisfactory evidence that **Allen Raymond**, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they is/are authorized to execute the instrument and acknowledged it as the of to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: _____

See Attached

Notary Public in and for the State of Washington
Residing at:
My appointment expires:

Ella Marie Staats-Raymond

Allen Raymond
Allen Raymond, Guardian

Rhonda Wiler, Guardian

STATE OF Washington)

)-ss

COUNTY OF)

I certify that I know or have satisfactory evidence that **Allen Raymond**, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they is/are authorized to execute the instrument and acknowledged it as the of to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of Washington
Residing at:
My appointment expires.

See Attached

Ella Marie Staats-Raymond

Allen Raymond, Guardian

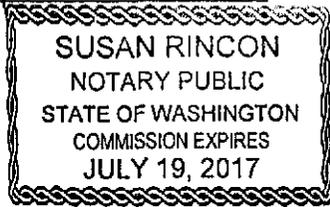
Rhonda Wiler, Guardian

STATE OF Washington)

COUNTY OF Snohomish)-ss

I certify that I know or have satisfactory evidence that **Allen Raymond**, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they is/are authorized to execute the instrument and acknowledged it as the **Guardian of Ella Marie Staats-Raymond** to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 5/11/15



Susan Rincon
Susan Rincon

Notary Public in and for the State of Washington
Residing at: Granite Falls
My appointment expires: 7/19/17

STATE OF)

COUNTY OF)-ss

I certify that I know or have satisfactory evidence that **Rhonda Wiler**, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they is/are authorized to execute the instrument and acknowledged it as the **Guardian of Ella Marie Staats-Raymond** to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: _____

Notary Public in and for the State of
Residing at:
My appointment expires:

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 Solano)

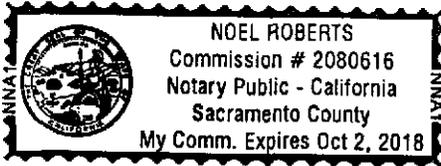
On May 12, 2015 before me, NOEL ROBERTS - NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared Rhonda Wiler
Name(s) of Signer(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 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 Noel Roberts
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: Statutory Warranty Deed Document Date: 5-5-15

Number of Pages: 3 Signer(s) Other than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____