When recorded return to:

Skagit County Auditor 8/26/2015 Page

\$73.00 210:55AM 1 of

Marjorie G. Mount 154 Maywood Way San Rafael, CA 94901

Filed for Record at Request of Guardian Northwest Title Escrow Number: A108061

GUARDIAN NORTHWEST TITLE CO.

QUIT CLAIM DEED

A108061

Abbreviated Legal:

Lots 63 & 64, Block 6, Holiday Hideaway No. 1

THE GRANTOR PATTI MCWILLIAMS, A MARRIED PERSON. for and in consideration of WAC NO. 458-61A-203 conveys and quit claims to MARJORIE G. MOUNT, A MARRIED PERSON AS HER SEPRATE ESTATE, the following described real estate, situated in the County of Skagit State of Washington, together with all after acquired title of the Grantors therein:

Lots 63 and 64, Block 6, "HOLIDAY HIDEAWAY NO. 1", as per plat recorded in Volume 8 of Plats, pages 36 through 42, inclusive, records of Skagit County, Washington;

TOGETHER WITH AND SUBJECT TO a non-exclusive easement for ingress, egress and utilities across Lots 62, 65 and 66, Block 6 of said "HOLIDAY HIDEAWAY NO. 1", and as defineated on the face of said plat.

Tax Parcel Number(s): P66024, 3926-006-063-0006, P66025, 3926-006-064-0005

Dated: August 13, 2015

McWillians 8/20/2015 Patti McWilliams

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

2015 3381

AUG **2 6** 2015

Amount Paid \$6 Skagit Co. Treasurer non Deputy

California all-purpose acknowledgi	Went Civil Code § 1129
NEW CONTROL TO SERVICE AND	
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document.
State of California)	•
County of MAZIA	
on 20th Aug 2015 perfore me, L	J BOWMAN NOTHRY PURCICE,
Daio	Here Insert Name and Title of the Officer
personally appeared - KT NCWILLIAM	2
	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.	
	certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph s true and correct.
	WITNESS my hand and official seal.
Commission # 2111389 Notary Public - California Notary Public - County	Signature
My Comm. Expires May 14, 2019	Signature of Notary Public
Place Notary Seal Above	
	nformation can deter alteration of the document or
fraudulent reattachment of this	form to an unintended document.
Description of Attached Dogument	Decument Date
Title or Type of Document: Yunt (Wim) E6 Number of Pages: Signer(s) Other Than	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
Other:	Other:
Signer is Representing:	Signer Is Representing: