

When recorded return to:

Mr. and Mrs. Joseph Lyle Gilden
3612 F Avenue
Anacortes, WA 98221



201509100069

Skagit County Auditor

\$74.00

9/10/2015 Page

1 of

3 3:25PM

Filed for Record at Request of
Land Title & Escrow

Escrow Number: 152684-OAE ✓

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20153661

SEP 10 2015

Amount Paid \$ 5968.⁰⁰
Skagit Co. Treasurer

Grantor: Douglas A. Deans and Jolyn Deans

By *Mam* Deputy

Grantee: Joseph Lyle Gilden and Joanna Lynn Gilden

Tax Parcel Number(s): P108740/4676-000-048-0000

Abbreviated Legal: Lot 48, Horizon Heights Div. IV.

Land Title and Escrow

Statutory Warranty Deed

THE GRANTOR(S) DOUGLAS A. DEANS AND JOLYN DEANS, HUSBAND AND WIFE for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to JOSEPH LYLE GILDEN AND JOANNA LYNN GILDEN, HUSBAND AND WIFE GRANTEE(S) the following described real estate, situated in the County of Skagit, State of Washington

Lot 48, "HORIZON HEIGHTS DIV. NO. IV," as per Plat recorded in Volume 16 of Plats, pages 105 and 106, records of Skagit County, Washington.

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

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment No. 152684-OAE.

UNOFFICIAL DOCUMENT

Date September 8, 2015

Douglas Deans 9/9/2015 *Jolyn Deans* 9/9/15
Douglas Deans Jolyn Deans

State of _____ }
County of _____ } SS:

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

Dated _____

:

**please see
an
attachment
of an
acknowledgment
map*

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

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.

COUNTY OF

Riverside

On September 9, 2015 before me, Marina A. Rodriguez Notary
Date Insert Name and Title of the officer

Public, personally appeared

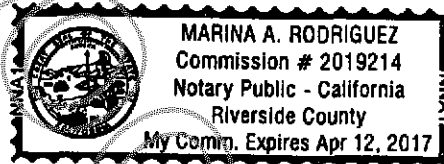
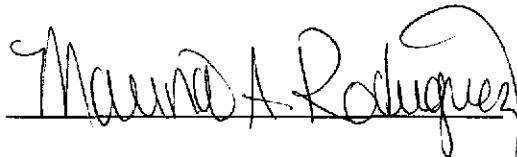
Douglas Deans & Jolyn Deans

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.

WITNESS my hand and official seal.

Signature:



OPTIONAL

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

Description of Attached Document

Title or Type of Document:

Document 1
Tax PNA#: 910874614676-000-048-0000 Document 1

Document Date:

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

Capacity(ies) Claimed by Signer(s)

Signers Name:

☐ Corporate Officer – Title(s)☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other:

Signer is Representing:

Signers Name:

☐ Corporate Officer – Title(s)☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator☐ Other:

Signer is Representing: