

POOR ORIGINAL



201509230064

AFTER RECORDING MAIL TO:

Muhammed Jagne  
3218 Arbor St  
Mount Vernon, WA 98273

Skagit County Auditor

\$124.00

9/23/2015 Page

1 of

3 3:16PM

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

Space above this line for Recordors use only

GUARDIAN NORTHWEST TITLE CO.

104545

**QUIT CLAIM DEED**

File No: **4245-2515115 (MMS)**

Date: **September 17, 2015**

Grantor(s): **Brenna Nicole Duggin**

Grantee(s): **Muhammed Jagne**

Abbreviated Legal: **Lot 97, Rosewood PUD, Phase 2, Div. II**

Additional Legal on page:

Assessor's Tax Parcel No(s): **48420000970000**

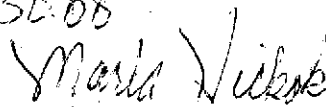
**THE GRANTOR(S)** Brenna Nicole Duggin, formerly known as Brenna Jagne, an unmarried woman as her separate estate for and in consideration of **Ten Dollars and Other Good and Valuable Consideration** in hand paid, conveys and quit claims to **Muhammed Jagne, an unmarried man**, the following described real estate, situated in the County of **Skagit**, State of **Washington**, together with all after acquired title of the grantor(s) herein:

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

**Lot 97, "ROSEWOOD P.U.D., PHASE 2, DIVISION II", recorded August 17, 2004, under Skagit County Auditor's File No. 200408170112, records of Skagit County, Washington.**

  
Brenna Nicole Duggin

I, MARLA HICKOK, AM REQUESTING A NONSTANDARD  
RECORDING FOR AN ADDITIONAL \$50.00

  
9-23-2014

APN: 48420000970000

Quitclaim Deed - continued

File No.: 4245-2515115 (MMS)

Date: 09/17/2015

STATE OF Washington CA )  
 )-ss.  
COUNTY OF Newada )

I certify that I know or have satisfactory evidence that **Brenna Nicole Duggin**, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act 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*

20153866  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

SEP 23 2015

Amount Paid \$ 1363.50  
By NT Skagit Co. Treasurer  
Deputy

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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 Nevada )

File No:

APN No:

**Eileen Fournier - Notary Public**

On 9-21-15 before me, \_\_\_\_\_, Notary Public, personally appeared

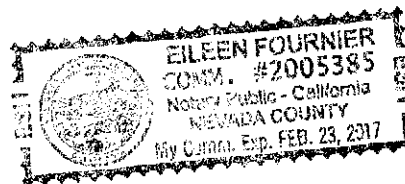
Brenna Nicole Duggin

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 \_\_\_\_\_



This area for official notarial seal.

### OPTIONAL SECTION - NOT PART OF NOTARY ACKNOWLEDGEMENT CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents.

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER(S) TITLE(S)  
☐ PARTNER(S) ☐ LIMITED ☐ GENERAL  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER

SIGNER IS REPRESENTING:

\_\_\_\_\_  
Name of Person or Entity

\_\_\_\_\_  
Name of Person or Entity

### OPTIONAL SECTION - NOT PART OF NOTARY ACKNOWLEDGEMENT

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

**THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW**

TITLE OR TYPE OF DOCUMENT: Quit Claim Deed

NUMBER OF PAGES 2

DATE OF DOCUMENT 9-17-15

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_