

Skagit County Auditor

\$74.00

4/12/2016 Page

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2 3:12PM

When recorded return to:

Mr. and Mrs. Michael E. Mailliard 1722 Douglas Street Mount Vernon, WA 98273

Filed for Record at Request of Land Title and Escrow Escrow Number: 154587-SE

Grantor: Iris Rose Wilson

Grantee: Michael E. Mailliard and Toni K. Mailliard

LANDTITLE OF SKAGIT COUNTY Statutory Warranty Deed

THE GRANTOR IRIS ROSE WILSON, as her separate property(unmarried) for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to MICHAEL E. MAILLIARD and TONI K. MAILLIARD, husband and wife the following described real estate, situated in the County of Skagit, State of Washington:

Abbreviated Legal: Lot 25, View Crest No. 3.

Lot 25, "VIEW CREST NO. 3," as per plat recorded in Volume 15 of Plats, page 107, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Tax Parcel Number(s): 4608-000-025-0004, P104360

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. 154587-SE.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record, if any.

Dated March 30th, 2016	
	. SKAGIT COUNTY WASHINGTON
	REAL ESTATE EXCISE TAX
Iris Rose Wilson by: Stephen W. Wilson, Attorne	y in 20161293
Fact	APR 1 2 2016
	Amount Paid \$ 3698.50
STATE OF California	Skagit Co. Treasurer
COUNTY OF	SS: By By Deputy
On this day of	/ before me personally appeared
Stephen W. Wilson	to me known to be the individual described in and
who executed the foregoing instrument	as Attorney in Fact for Iris Rose Wilson
	and acknowledged that he signed and
sealed the same as his free and voluntary	act and deed as Attorney in Fact for said principal for the uses
and purposes therein mentioned, and on oath state	ed that the Power of Attorney authorizing the execution of this
instrument has not been revoked and that the said	principal is now living, and is not incompetent
Given under my hand and official seal the day and	year last above written
(Seal)	year last above written.
	Notary Public in and for the State of California

Residing at

My appointment expires:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate is attached, and not	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California)
County of Saula Clava	
on March 29 2016 before me, N	i.B. Shah, Normay Vursuc.
personally appeared STEPHEN	Here Insert Name and Title of the Officer W. VILSON
	Name(s) of Signer(s)
subscribed to the within instrument and ackno	ry evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument 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.
N. B. SHAH Commission # 1998507 Notary Public - California Santa Clara County My Comm. Expires Nov 17, 2016	WITNESS my hand and official seal. Signature A DKoK
The second secon	Signature of Notary Public
Place Notary Seal Above	
Though this section is optional, completing th	is information can deter alteration of the document or his form to an unintended document.
Description of Attached Document Title or Type of Document: <u>\$ アップンアットリー</u> Number of Pages: Signer(s) Other Th	MOVINITY DE BOCUMENT Date:
Capacity(ies) Claimed by Signer(s) Signer's Name: STEPHEN N. WILSO	Signer's Name:
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General	Corporate Officer — Title(s):
 □ Partner — □ Limited □ General □ Indivídual □ Attorney in Fact 	☐ Partner ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Goardian or Conservator
☐ Other:	Other:
Signer Is Representing:	Signer Is Representing: