



201607260052

Skagit County Auditor

\$125.00

7/26/2016 Page

1 of

3 3:37PM

**Document Title:**Quit Claim Deed

GUARDIAN NORTHWEST TITLE CO.

**Reference Number :**A111963**Grantor(s):**☐ additional grantor names on page \_\_\_\_

1. Ronda Kay Velin

2.

**Grantee(s):**☐ additional grantee names on page \_\_\_\_

1. Terrill Lee Velin

2.

**Abbreviated legal description:**☐ full legal on page(s) \_\_\_\_

Lot 23, Orchards PUD

**Assessor Parcel / Tax ID Number:**☐ additional tax parcel number(s) on page \_\_\_\_

P124006

I, Marla Hickok, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$ 73- for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed

Marla Hickok

Dated

7-26-16

**When recorded return to:**

Terrill Lee Velin  
4419 Orchard Avenue  
Anacortes, WA 98221

Filed for Record at Request of  
Guardian Northwest Title  
Escrow Number: A111963

**QUIT CLAIM DEED**

**Abbreviated Legal:**

Lot 23, Orchards PUD  
THE GRANTOR **RONDA K. VELIN, SPOUSE OF TERRILL LEE VELIN** for and in consideration of  
WAC No. 458-61A-203 conveys and quit claims to **TERRILL LEE VELIN, a married man as his separate**, the  
following described real estate, situated in the County of Skagit State of Washington, together with all after acquired  
title of the Grantors therein:

Lot 23, "THE ORCHARDS P.U.D.", according to the plat thereof recorded January 19, 2006, under  
Auditor's File No. 200601190126, records of Skagit County, Washington.

Tax Parcel Number(s): P124006, 4882-000-023-0000

**Dated: July 14, 2016**

*Ronda K. Velin*  
\_\_\_\_\_  
Ronda K. Velin

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*2016 JUL 17*  
JUL 26 2016

Amount Paid \$ *0*  
Skagit Co. Treasurer  
By *MG* Deputy

State of California }  
County of \_\_\_\_\_ } SS:

I certify that I know or have satisfactory evidence that Ronda K. Velin is the person who appeared before me,  
and said person acknowledge that she signed this instrument and acknowledge it to be her free and voluntary act for  
the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

*see attached*

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

# ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 San Luis Obispo }

On 7-18-2016 before me, Catharina Rowley, Notary Public  
(Here insert name and title of the officer)

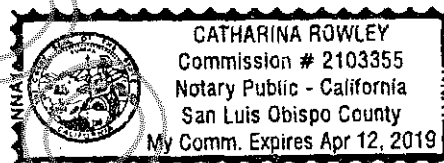
personally appeared Ronda K. Velin \*  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he (s) they executed the same in his (s) their authorized capacity(ies), and that by his (s) their signature(s) 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.

Notary Public Signature

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Quit claim deed

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 7-14-16

### CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.