

When recorded return to:

James A. DeGroot and Carma H. DeGroot
16953 View Lane
La Conner, WA 98257



201710270099

Skagit County Auditor

\$77.00

10/27/2017 Page

1 of

4 11:31AM

Filed for record at the request of:



CHICAGO TITLE

COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620032400

CHICAGO TITLE
620032400

STATUTORY WARRANTY DEED

THE GRANTOR(S) Karen L Allen, Personal Representative of the Estate Richard Emil Hoffman,
Deceased and Christine L Hare, a single person

for and in consideration of Ten And No/100 Dollars (\$10.00), and other valuable consideration
in hand paid, conveys, and warrants to James A. DeGroot and Carma H. DeGroot, a married couple

the following described real estate, situated in the County of Skagit, State of Washington:

The South Half of Lot 17, SNEE-OOSH, according to the Plat thereof recorded in Volume 4 of
Plats, page 50, records of Skagit County, Washington
Situated in Skagit County, Washington

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P69622 / 4016-000-017-0005

Subject to:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20175056

OCT 27 2017

Amount Paid \$ 6128.20
By *rum* Skagit Co. Treasurer
Deputy

STATUTORY WARRANTY DEED
(continued)

Dated: October 16, 2017

Richard Emil Hoffman Estate, Deceased

BY: Karen L. Allen, Personal Representative
Karen L. Allen
Personal Representative

Christine L. Hare
Christine L. Hare

STATUTORY WARRANTY DEED

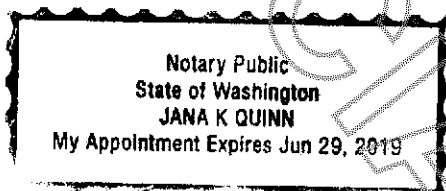
(continued)

State of Washington
County of Skagit

I certify that I know or have satisfactory evidence that Karen L. Allen

(is)are the person(s) who appeared before me, and said person acknowledged that (he)(she/they) signed this instrument on oath stated that (he)(she/they) was authorized to execute the instrument and acknowledged it as the Personal Representative of The Estate of Richard E. Hoffman, deceased to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: October 18, 2017



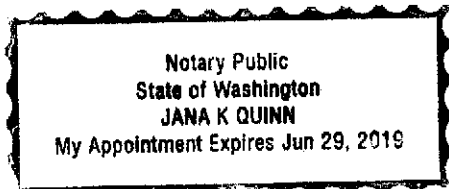
Name: Jana K. Quinn
Notary Public in and for the State of Washington
Residing at: Arlington
My appointment expires: 06/29/2019

State of Washington
County of Skagit

I certify that I know or have satisfactory evidence that Christine L. Hake

(is)are the person(s) who appeared before me, and said person(s) acknowledged that (he)(she/they) signed this of instrument and acknowledged it to be (his)(her/their) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: October 18, 2017



Name: Jana K. Quinn
Notary Public in and for the State of Washington
Residing at: Arlington
My appointment expires: 06/29/2019

EXHIBIT "A"
Exceptions

1. Covenants, conditions and restrictions but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, source of income, gender, gender identity, gender expression, medical condition or genetic information, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth in the document

Recording Date: March 18, 1949
Recording No.: 429155

2. City, county or local improvement district assessments, if any.