



201804180069

Skagit County Auditor

\$74.00

4/18/2018 Page

1 of

1 12:31PM

After recording, return to (Name, Address, Zip):

Michael L. Hanson Sr/Janet Li Hanson  
532 So ALDER LANE (ALDER LANE)  
PORT ANGELES WA 98362

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018/5/1  
APR 16 2018

Amount Paid \$  
Skagit Co. Treasurer  
By *[Signature]* Deputy

QUITCLAIM DEED (Statutory Form)

Grantor(s): Leland C Hanson  
Grantee(s): Michael L. Hanson Sr and Janet Li Hanson  
Abbreviated Legal Description: 735 STERLING ST. SEDRO-WOOLEY WA 98284  
Assessor's Property Tax Parcel or Account No. PROPERTY ID 75613 (Lots 9 & 10, Block 29)  
Reference No(s) of Documents Assigned or Released: GEO ID: 4149-029-010-0001 SEDRO

The Grantor Leland C Hanson of 735 Sterling Street, Sedro-Wooley WA 98284, Grantor,  
for and in consideration of One Dollar and love and Affection

conveys and quitclaims to grantees Michael L. Hanson Sr and Janet Li Hanson of 532 So Alder Lane Port Angeles WA 98362, Grantee,  
all right, title and interest in the following described real estate, situated in 735 Sterling St Sedro County, State of Washington, together with all after acquired title of the Grantor therein:  
735 Sterling St. Sedrowooley WA 98284  
Property ID: 75613 GEOID - 4149-029-010-0001  
Lots 9 and 10, Block 29, SEDRO-Recorded in Volume 1 of Plats page 17, Records of Skagit County, WA.

DATED April 16, 2018

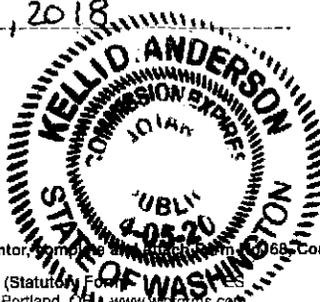
*[Signature]*  
Leland C Hanson

STATE OF WASHINGTON, County of Skagit

I certify that I know or have satisfactory evidence that Leland C Hanson is/are the individual(s) who appeared before me, and who 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 the instrument.

DATED April 16, 2018

*[Signature]*  
Kelli D Anderson  
Notary Public for Washington  
My appointment expires 4-5-20



PUBLISHER'S NOTE: If a corporate grantor, form 668 Corporate Acknowledgment.



Form No. 289 - Quitclaim Deed (Statutory Form)  
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