## 201806120037

06/12/2018 12:38 PM Pages: 1 of 3 Fees: \$101.00 Skagit County Auditor

When recorded return to:

Douglas Barnet Kimberly Barnet 19395 Conway Hill Road Mount Vernon, WA. 98274

Escrow No: WA-2438-GY

## BARGAIN AND SALE DEED

THE GRANTOR, BANK OF AMERICA, N.A., for and in consideration of Ten Dollars and other valuable consideration in hand paid, bargains, sells, and conveys to:

Douglas Barnet and Kimberly Barnet, husband and wife as community property

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

LOTS 1 AND 2, AND THE EAST 1/2 OF LOT 3, BLOCK 124, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.", AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 11, RECORDS OF SKAGIT COUNTY, WASHINGTON

ABBREVIATED LEGAL: 1, 2, EAST 1/2 3, BLK 124, FIRST ADDITION TO BURLINGTON

PARCEL ID: P72086

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2018 2520 JUN 1 2 2018

Amount Paid \$ 4508 .40
Skagit Co. Treasurer
By 67 Deputy

| Dated: June 9,2019  | 3   |  |
|---|---|--|
| BANK OF AMERICA, N.A.   |   |  |
| By: Carrington Mortgage Services, LLC, as it Fact for Bank of America, N.A.   | Anthony DeRosa .  Vice President, Bankruptcy/F  for Carrington Mortgage Serv  Attorney  | oreclosure<br>rices, LLC, Attorney in Fact                       |
| Name:   |   |  |
| Title:  | ·<br>   |  |
|   |   |  |
|   |   |  |
| STAKE OF  | SS.   |  |
| COUNTY OF   |   |  |
| On  | before me,  | , Notary   |
| Public, personally appeared for Carrington Mortgage Services, LLC, and the basis of satisfactory evidence to be the and acknowledged to me that he/she/they exhis/her/their signature(s) on the instrument the executed the instrument.  I certify under PENALTY OF PERJURY that the foregoing paragraph is true and constitutions. | the person(s) whose name(s) is/are substructed the same in his/her/their author the person(s), or the entity upon behalf under the laws of the State of | cribed to the within instrument rized capacity(ies), and that by |
| mat me megonig paragraph is true and corr   | For.  |  |
| WITNESS my hand and official seal.  |   |  |
| Dated:  |   |  |
|   | Notary name printed or typed:  Notary Public in and for the State of Residing at  My appointment expires:   |  |
|   | ,   | See Attached   |

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 Orange

## CALIFORNIA ALL – PURPOSE

## CERTIFICATE OF ACKNOWLEDGMENT

| County of Orange   |   | 0  |  |
|--|---|--|--|
| On 6-8.2018 b  | efore me, <u>ars</u>  | 1 A. Butter  | , Notary Public,   |
| personary appearance, province and appearance of the personal pers |   | , who pr   |  |
| basis of satisfactory evidence to be the pers  | son(s) whose name(s   | s) is/are subscribed to the  | within instrument  |
| and acknowledged to me that he/she/they  |   |  |  |
| that by his/her/their signature(s) on the in   |   |  |  |
| person(s) acted, executed the instrument.  | 2   |  |  |
| 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.   | S S S S S S S S S S S S S S S S S S S   | CAROL A. Commission 7 Notary Public Orange C My Comm. Expire   | BUTLER # 2084673 - California NN                               |
| Signature Secret   | (Seal)  |  |  |
|  |   |  | -  |
| ADDITIONA  | AL OPTIONAL INF   | ORMATION   |  |
|  | TN:eTD  | UCTIONS FOR COMPLETING   | G THIS FORM  |
| DESCRIPTION OF THE ATTACHED DOCUME   | NT appears above in properly comple   | n the notary section or a separate act<br>ted and attached to that document.<br>a recovied outside of California. In suc   | The only exception is if a<br>ch instances, any alternative    |
| (Title or description of attached document)  | verbiage does no  | verbiage as may be printed on such<br>in require the notary to do something to<br>certifying the authorized capacity of th<br>lly for proper notarial wording and atta | hat is tilegal for a notary in<br>he signer). Please check the |
| (Title or description of attached document continued)  | s State and Con   | nty information must be the State and  | County where the document                                      |
| Number of Pages Document Date  | signer(s) person  • Date of notari  | mally appeared before the notary public<br>zation must be the date that the signer(s   | e for acknowledgment.  s) personally appeared which muleted.   |
| (Additional information)   | The notary procession for the notary pr | ublic must print his or her name as i  | it appears within his or her<br>e (notary public).             |
|  | notarization  | e(s) of document signer(s) who person  |  |
| CAPACITY CLAIMED BY THE SIGNER   | haicheitheu i   | orrect singular or plural forms by cros<br>s/are) or circling the correct forms. Fai   | rinte to correctly marcase mix                                 |
| ☐ Individual (s) ☐ Corporate Officer   | a The nomes of  | ay lead to rejection of document record<br>eal impression must be clear and ph   | iolographically reproductive.                                  |
|  | Impression m  | ust not cover text or lines. If seal important and interest or the complete a different  | ression siminges, re-seat it a<br>it acknowledgment form.      |
| (Title)  Partner(s)  | Signature of the county cle   | he notary public must match the signat   | ture on file with the office of                                |
| ☐ Attorney-in-Fact   | & Addit   | ional information is not required but  | t could help to ensure this                                    |
| ☐ Trustee(s)   | ♣ Indic:  | owledgment is not misused or attached to<br>ate title or type of attached document, n  | umber of pages and date.                                       |
| ☐ Other  |   | ate the capacity claimed by the signer,<br>trate officer, indicate the title (i.e. CEO,<br>th this document to the signed documen                                      | . If the claimed capacity is a CFO, Secretary).                |
|  |   |  |  |