



201807190048

07/19/2018 11:55 AM Pages: 1 of 3 Fees: \$101.00
Skagit County Auditor

After Recording Return To:

Skagit Law Group, PLLC
227 Freeway Drive, Suite B/P. O. Box 336
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20180719
JUL 19 2018

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

QUIT CLAIM DEED

GRANTOR: MARY E. LAMBERT, Successor Trustee of the
LAMBERT FAMILY TRUST uid April 24, 2000

GRANTEE: MARY E. LAMBERT, Trustee of the
MARY E. LAMBERT SURVIVOR'S TRUST
uid April 24, 2000

Legal Description:

Abbreviated Form: Lot 6 & Ptn Lot 5, Block 5, Wagner's Hope Island Add.
Additional on: Page 2

Assessor's Tax Parcel Nos: 4036-005-006-0100; P120636

THE UNDERSIGNED GRANTOR, **MARY E. LAMBERT as Successor Trustee of the LAMBERT FAMILY TRUST uid April 24, 2000**, for and in consideration of the distribution of said Trust following the death of the Settlor **FRANCIS W. LAMBERT** (the "decedent") on March 5, 2017, and for no monetary consideration, hereby conveys and quitclaims to **MARY E. LAMBERT as Trustee of the MARY E. LAMBERT SURVIVOR'S TRUST uid April 24, 2000**, as GRANTEE, that certain real property, which was the community property of **MARY E. LAMBERT** and the decedent at the time of the death of the decedent, together with all after-acquired title of the Grantor therein, situated in the County of Skagit, State of Washington, and legally described as follows:

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3201736002561

Form containing fields for decedent information, informant, spouse, funeral director, place of death, cause of death, physician certification, and coroner's use only.

CASANBERDJ



CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, San Bernardino Department of Public Health.

DATE ISSUED MAR 24 2017

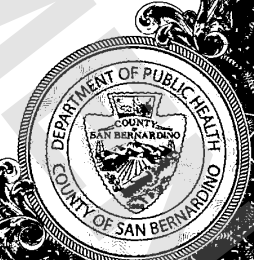
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



002545622

Signature of Registrar

MAXWELL OHIKHUARE, MD COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTICS



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE