201902070040

02/07/2019 12:18 PM Pages: 1 of 2 Fees: \$100.00 Skagit County Auditor

After recording, return to (Name, Address, Zip):	SKAGIT COUNTY REAL ESTATE	EXCISE TAX
	Amount P. Skagit Co. Tr	
TRANSFER ON DEATH DEED	By My	Deputy
Grantor(s): ALLAN J W Grantee(s) (Beneficiary): DISA M. ALLAN		
Abbreviated Legal Description: LVL N. 411. ST. Mo Assessor's Property Tax Parcel or Account No. 54.55	7-3/63-011-010	18273 / Vernon Heights To
Reference No(s) of Documents Assigned or Released:	Was a series	Block II, VERN
Grantor: ALLAN J W Grantor's Address: 219 5th Street And	acortes; WA"	7.8.2.2.1
Designated Beneficiary: DISA M. ALLAN Designated Beneficiary's Address: 219 5 th	Street Anacon	tes, WA 98221
Alternate Designated Beneficiary (optional): Alternate Designated Beneficiary's Address:	An ac a	Parketting
Subject to the limitations contained herein, C Grantor's interest, together with any interest therein w ated in County \(\preced \text{ as set forth on the attached Exhibit A, and is \(\preced \text{ as follows:} \)	vhich Grantor may herea y, State of Washington, le	fter acquire, in the real property, situ- gally described (check one):

The transfer to Designated Beneficiary is to occur at Grantor's death and is contingent on Designated Beneficiary surviving Grantor. The interest of a Designated Beneficiary that fails to survive Grantor lapses.

The transfer to Alternate Designated Beneficiary is to occur at Grantor's death and is contingent on Designated Beneficiary not surviving Grantor and on Alternate Designated Beneficiary surviving Grantor. The interest of an Alternate Designated Beneficiary that fails to survive Grantor lapses.

PUBLISHER'S NOTE: RCW 64.80.060(3) states that a Transfer on Death Deed "must be recorded before the transferor's death in the public records in the office of the auditor of the county where the property is located."



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Grantor has the right to revoke this deed.	
ical changes shall be made so that this instrument shall app	requires, the singular includes the plural, and all grammat- bly equally to entities and to individuals
DATED 2-4-19	LAMO
	(/
STATE OF WASHINGTON,	
County of SKAGi +	
I certify that I know or have satisfactory evidence	that James W. ALLAN
acknowledged that he she/they signed this instrument and for the uses and purposes mentioned in the instrument.	s/are the individual(s) who appeared before me, and who
- 1 1	
STATE OF WASHINGTON, MASHINGTON, MASHINGTO	Notary Public for Washington My appointment expires 10/26/70
STATE OF WASHINGTON, WASHINGTON, SI	,
County of	
I certify that I know or have satisfactory evidence the	at
	is the individual who appeared before me, and who
acknowledged that he/she signed this instrument, on oath sand acknowledged it as the	tated that he/she was authorized to execute the instrument
such party for the uses and purposes mentioned in the instr	to be the free and voluntary act of ument.
DATED	
	Notary Public for Washington
	My appointment expires