## 202202030044

02/03/2022 10:50 AM Pages: 1 of 3 Fees: \$205.50 Skagit County Auditor

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

ZOZZ-391 FEB 03 2022

Amount Paid \$ Skagit Co. Treasurer
By Deputy

## **QUITCLAIM DEED**

Grantor:

Vonda L. Hanson

Grantee:

Lvnea McIlraith

Legal Description:

ptn W 1/2 S 1/2 SE 1/4 SE 1/4 35-36N-4EWM

Assessor's Property Tax Parcel or Account No.: P50748 Reference Nos of Documents Assigned or Released: N/A

THIS INDENTURE, is made this <u>25</u> day of <u>Garus M.</u>, 2022, between Vonda L. Hanson, an unmarried person, Grantor, and Lynea McIlraith, an unmarried person, Grantee.

For and in consideration of the settlement of the litigation pending under Skagit County Cause No. 21-2-00720-29, and for no monetary consideration, grantor does hereby QUIT CLAIM to the grantee all of her interest in the following real property lying and being in the County of Skagit and State of Washington, and described as follows, to wit:

The West ½ of the South ½ of the Southeast ¼ of the Southeast ¼ of Section 35, Township 36 North, Range 4 East, W.M.

**EXCEPT** roads

AND EXCEPT the following described tract:

That portion of the West ½ of the South ½ of the Southeast ¼ of the Southeast ¼ of Section 35, Township 36 North, Range 4 East, W.M. described as follows:

Commencing at the Southeast corner of the said subdivision;

thence West along the South line of the said subdivision a distance of 475 feet;

thence North parallel with the East line of the said subdivision a distance of 456 feet;

thence East parallel with the North line of the said subdivision to the East line of the said

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	subdivision;
	thence South along the East line of the said subdivision to the point of beginning.
	(P50748)
DATED:	25 Jan, 2022. Nonda I Hanson VONDA L. HANSON
STATE OF CAL	IFORNIA ) :ss )
and who executed	day personally appeared before me Vonda L. Hanson, to me known to be the individual described in d the within and foregoing instrument, and acknowledged that she signed the same as her free and l deed for the uses and purposes therein mentioned.
GIVEN	under my hand and official seal this day of, 2022.
	NOPARY PUBLIC in and for the State of California, residing at  My commission expires:  Name:

## CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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.

	r validity of that document.
State of California	_ }
County of Kings	_ }
personally appeared	Patricia Mosqueda Villa, Notary Public  (Here Insert name and title of the officer)  A L. Howson  sfactory evidence to be the person(s) whose in instrument and acknowledged to me that  her/their authorized capacity(ies), and that by ment the person(s), or the entity upon behalf of the instrument.
I certify under PENALTY OF PERJUR' the foregoing paragraph is true and co	Y under the laws of the State of California that prrect.
WITNESS my hand and official seal.	PATRICIA MOSQUEDA VILLA Notary Public - California Kings County Cammission # 2371332 My Comm. Expires Aug 18, 2025
Notary Public Signature (N	lotary Publić Seal)
ADDITIONAL OPTIONAL INFORMAT  DESCRIPTION OF THE ATTACHED DOCUMENT  APPLICATIVE (LOC) (  Title or description of attached document)  OLDOCALE QUITCIGN  (Title or description of attached document continued)  Number of Pages 2 Document Date 1 25 (2)	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.  State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.  Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).  Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they,- is /ere) or circling the correct forms. Failure to correctly indicate this</li> </ul>