

POOR ORIGINAL

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Affidavit No. 2022-769

Feb 28 2022

Amount Paid \$10764.00

Skagit County Treasurer

By Kaylee Oudman Deputy

Order No. 204532-LT

Prepared by:

Nicholas Power, Esq. - WSBA # 45974, 540 Guard Street, Suite 150, Friday Harbor, WA 98250

Return to: Karl G. Nielsen and Wendy L. Nielsen PO Box 1677, Tehachapi CA 93581

STATUTORY WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

SIRVA RELOCATION PROPERTIES, LLC, a Delaware Limited Liability Company, whose mailing address is 6200 Oak Tree Blvd., Suite 300, Independence, OH 44131

for and in consideration of SIX HUNDRED FIFTY FIVE THOUSAND AND 00/100 Dollars
(\$ 655,000.00), and other good and valuable consideration, in hand paid,
conveys, and warrants to

Karl G. Nielsen and Wendy L. Nielsen, a married couple

PO BOX 16777, TEHACHAPI CA 93581, whose mailing address is _____, the following
described real estate, situated in the County of Skagit, State of Washington:

Lot 3, "PLAT OF ANKNEY HEIGHTS," as per plat recorded on August 23, 2001 under Auditor's File No. 200108230090, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

BEING the same property conveyed to the Grantor herein by deed recorded on

February 28, 2022, under afn: 202202280221, in the Office of the County Recorder of Skagit County, State of Washington.

Abbreviated Legal: Lot 3, Ankney Heights

Property Address: 418 Longtime Lane, Sedro Woolley, Washington 98284

Tax Account No.: 4779-000-003-0000

SUBJECT to easements, restrictions, agreements and mineral exceptions, if any, of record.

Dated: Jan. 28, 2022

SIRVA RELOCATION PROPERTIES, LLC
a Delaware Limited Liability Company

By: [Signature] (seal)
Name: Kevin Butler
Title: mgr. title operations

STATE OF OHIO
COUNTY OF Cuyahoga ss:

I certify that I know or have satisfactory evidence that Kevin Butler, Mgr. Title Operations as Kevin Butler, Mgr. Title Operations for SIRVA RELOCATION PROPERTIES, LLC, a Delaware Limited Liability Company, in his/her full and authorized capacity on behalf of said Company, is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 2/8/22

[Signature]
Notary name printed or typed:
Notary Public in and for the State of OHIO
Residing at Cuyahoga County
My appointment expires: 9/14/2026

