04/05/2022 02:33 PM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

AFTER RECORDING RETURN TO:
Matthew and Carmen Hershberger
1817 E. Fairhaven Ave.
Burlington, WA 98233
File No. NCM 325945

File No. NCM 325945 Order No. 204657-LT

## STATUTORY WARRANTY DEED

THE GRANTOR, NuCompass Mobility Services Inc., a Delaware corporation, whose address is 14841 North Dallas Pkwy, Suite 950, Dallas, TX 75254, for and in consideration of Ten and no/100 Dollars and other good and valuable consideration in hand paid, convey(s), and warrant(s) to

Matthew Hershberger and Carmen Hershberger, a married couple whose address is

1817 E. Fairhaven Ave., Burlington, WA 98233

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

Lot 7B, "PLAT OF FAIRGARDEN," as per plat recorded on July 7, 2005, under Auditor's File No. 200507070039, records of Skagit County, Washington.

Property Tax ID No.: 4864-000-002-0000 / P+2053-- P123053

Property commonly known as: 1817 E. Fairhaven Avenue, Burlington, WA 98233

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX Affidavit No. 20221391 Apr 05 2022 Amount Paid \$8895.00 Skagit County Treasurer By Lena Thompson Deputy

Executed on this _	day of _	MARCH	, 20 <u>22</u>	
			·	
N. C. N. I.	a			
NuCompass Mobi	ility Services Inc	., a Delaware con	poration	
	<i>r</i>			
By Belli	LONBroug	h		
Name: 724	mprough	<u></u>		
Title: Author	THE SIGNE	stord		
Ву				
Name: Title:				
11110.				
STATE OF				
COUNTY OF				
T				
I certify that I know	or have satisfact	ory evidence that and		
(is/are) the person(s	s) who appeared b		d person(s) acknowledged that	
(he/she/they) signed	1 this instrument,	under oath stating	g that (he/she/they) (is/are) author	orized to
execute the instrume			orporation to be the free and v	olumtom.
act of such party(ies	s) for the uses and	l purposes mentio	ned in this instrument.	olulitary
Dated:				
Notary Public in and	d for the State of			
rotary raone man	a for the State or			
Print Name:				
Residing at:				
My appointment exp	pires:			

CALIFORNIA ALL-PURPOSE ACKNOWLED		CIVIL CODE § 1189
A notary public or other officer completing this certific document to which this certificate is attached, and not		
State of California	)	
County of Contra Costa	)	
On 17101 16, 2022 before me,	Meen E. Drun	man d
Date	Here Insert Name and Ti	tle of the Officer
personally appeared	Various Name(s) of Signer(s)	
	Name(s) of Signer(s)	
who proved to me on the basis of satisfactor subscribed to the within instrument and acknown his/her/their authorized capacity(ies), and that by or the entity upon behalf of which the person(s) a	vledged to me that he/she/th his/her/their signature(s) on the	ey executed the same in instrument the person(s),
	I certify under PENALTY OF of the State of California that is true and correct.	PERJURY under the laws the foregoing paragraph
COLLEEN E. DRUMMOND	WITNESS my hand and offici	al seal.
Notary Public - California Contra Costa County Commission # 2238931	Signature Allea	- El Jaumes
My Comm. Expires May 18, 2022	Signature	of Notary Public
Place Notary Seal Above  OF Though this section is optional, completing this	PTIONAL attended to the control of t	on of the document or
	s form to an unintended docui	
Description of Attached Document		
Title or Type of Document:	<u>양년</u> Document Dat	e:
Number of Pages: Signer(s) Other Tha	an Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:	
Corporate Officer — Title(s):	Corporate Officer — Ti	tle(s):
Partner - □ Limited □ General	Partner - Limited	☐ General
Individual		rney in Fact
Trustee	Trustee ☐ Gua	rdian or Conservator
Signer Is Representing:	Signer Is Representing: _	
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