



202209010017

09/01/2022 09:35 AM Pages: 1 of 2 Fees: \$204.50  
Skagit County Auditor

When recorded return to:  
Amy Michelle Graves  
3215 N 28th St  
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 3611

SEP 01 2022

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

**QUIT CLAIM DEED**

THE GRANTOR Michael James Woolley, not married, for and in consideration of WAC 458-61A-203 Court Decree, conveys and quit claims to Amy Michelle Graves the following described real estate, situated in the County of Skagit, State of Washington together with all after acquired title of the grantor(s) herein:

3215 N 28th St, Mount Vernon, WA 98273

Lot 8 of Wildridge Estates

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number: P135264

*Michael James Woolley*  
Michael James Woolley

July 14, 2022

LPB 12-05(i) rev.  
07.2021

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT****CIVIL CODE § 1189**

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.

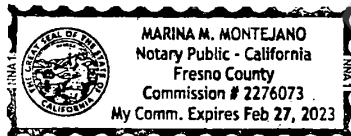
State of California )

County of Fresno )On 7/14/2022 before me, Marina M Montejano, Notary Public,  
Date Here Insert Name and Title of the Officerpersonally appeared Michael James Woolley  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Marina M Montejano  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**Title or Type of Document: Quit Claim Deed Document Date: 7/14/22Number of Pages: 1 Signer(s) Other Than Named Above: \_\_\_\_\_**Capacity(ies) Claimed by Signer(s)**Signer's Name: Michael James Woolley Signer's Name: None☐ Corporate Officer — Title(s): \_\_\_\_\_ ☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General☒ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_Signer Is Representing: Self Signer Is Representing: \_\_\_\_\_