



202302150017

02/15/2023 09:42 AM Pages: 1 of 2 Fees: \$204.50
Skagit County Auditor

Return Address:

Document Title:

Quit Claim Deed

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____.

1) Douglas E. Dills

2) _____

Grantee(s):

additional grantor names on page ____.

1) Barbara J. Dills

2) _____

Abbreviated Legal Description:

full legal on page(s) ____.

Tracts 16, 17, 18, & 19 Roethkers Add. To Sedro Woolley

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____.

P76852

