

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



202404260077

04/26/2024 03:27 PM Pages: 1 of 2 Fees: \$304.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 3611
SEP 01 2022

Amount Paid \$
By Skagit Co. Treasurer Deputy
UT

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 0398
APR 26 2024

Amount Paid \$
By Skagit Co. Treasurer Deputy
UT

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:

* formerly Amy Michelle Woolley ag MW

3215 N 28th St, Mount Vernon, WA 98273

Deol Estates, ag MW
Lot 8 of Wildridge Estates
A Plat Community, according to the plat thereof recorded under
Auditor's File No. 202009296100, records of Skagit County,
Washington

Re-Record to correct legal

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

Tax Parcel Number: P135264

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)

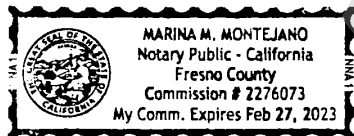
On 7/14/2022 before me, Marina M Montejano, Notary Public,
Date Here Insert Name and Title of the Officer

personally 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: 7/14/22
Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: <u>Michael James Woolley</u>	Signer's Name: <u>None</u>
<input type="checkbox"/> Corporate Officer — Title(s): _____	<input type="checkbox"/> Corporate Officer — Title(s): _____
<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer Is Representing: <u>Self</u>	Signer Is Representing: _____