

UNOFFICIAL



200209190157

Skagit County Auditor

9/19/2002 Page 1 of 2 4:17PM

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 3rd day of July, 2002 (year), by first party, Grantor, Richard and Marge Duffy whose post office address is 301 S. LaVenture #207 Mount Vernon, WA 98273 to second party, Grantee, Kirk S. Duffy whose post office address is 210 N. 15th St. #15 Mount Vernon, WA 98273

WITNESSETH, That the said first party, for good consideration and for the sum of Love and Affection Dollars (\$) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of

Skagit, State of Washington to wit: The residence of 3723 Shoshone Dr. Mount Vernon, WA 98273

Lot 10, Thunderbird 4 P100792

#4383 SKAGIT COUNTY WASHINGTON Real Estate Excise Tax PAID

SEP 20 2002

Amount Paid \$ Skagit County Treasurer Deputy

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[Signatures on following page.]

Initials of First Party

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

[Signature]
Signature of Witness

KIRK S DUFFY
Print name of Witness

[Signature]
Signature of Witness

KIRK S DUFFY
Print name of Witness

[Signature]
Signature of First Party, Grantor

RICHARD S. DUFFY POA for MARJIE DUFFY
Print name of First Party

[Signature]
Signature of First Party, Grantor

RICHARD S. DUFFY POA for
Print name of First Party

MARJIE DUFFY

STATE OF WASHINGTON }
COUNTY OF SKAGIT }

On 7/3/02 before me, MARJORIE B ROSE appeared RICHARD S DUFFY POA FOR RICHARD DUFFY : MARJIE DUFFY personally known to me (or 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.

WITNESS my hand and official seal.

[Signature]
Signature of Notary

Affiant Known Produced ID
Type of ID Power of Attorney

(Seal)



Signature of Preparer

Print Name of Preparer

Address of Preparer

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[Signature]
Initials of First Party



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