



200505020154
Skagit County Auditor

5/2/2005 Page 1 of 3 12:03PM

Document Title: _____

Reference Number: _____

Grantor(s): additional grantor names on page ____

1. Alfonso Ayon

2.

Grantee(s): additional grantee names on page ____

1. Rigoberto Gonzalez

2.

Abbreviated legal description: full legal on page(s) ____

Lots 17-18 BL G Cape Horn on
the Skagit

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____

P63125

2118
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

MAY 02 2005

Amount Paid \$
By Skagit Co. Treasurer
Deputy

UNOFFICIAL DOCUMENT

When recorded return to: _____

Quitclaim Deed: Washington

THIS QUITCLAIM DEED, executed this 2ND day of MAY, 2005,

by first party, Grantor, ALFONSO AYON AYON

whose post office address is 41822 CAPE HORN RD SEASIDE WOODLEY WA 98284

to second party, Grantee, RIGOBERTO GONZALEZ

whose post office address is 1810 N 35TH ST MOUNT VERNON WA 98273

WITNESSETH, That the said first party, for good consideration and for the sum of _____ 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 _____,

State of **Washington** to wit: I AM GIANTS LANE LOT 17 & 18 BLOCK 6 CAPE HORN ON THE SKAGIT AS PER PLAT RECORDED IN VOLUME 8 OF PLATS AT PAGE 72 TO 77 INCLUSIVE IN THE RECORDS OF SKAGIT COUNTY STATE OF WASHINGTON. SITUATE IN COUNTY OF SKAGIT STATE OF WASHINGTON.



200505020154
Skagit County Auditor

Assessor's Property Tax Parcel/Account Number(s): 3868 . 007 - 018 . 0000 P 63125

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 of Witness: Linda Jensen

Printed Name of Witness: Linda Jensen

Signature of First Party: Alfonso Ayon

Printed Name of First Party: ALFONSO AYON

Address of Witness: 412 S First St. Mount Vernon, WA 98273

State of Washington
County of Skagit } ss.

I certify that I know or have satisfactory evidence that Alfonso Ayon (name of person) is the person who appeared before me, and said person acknowledged that ~~(he/she)~~ signed this instrument, on oath stated that ~~(he/she)~~ was authorized to execute the instrument and acknowledged it as _____ (name of party on behalf of whom instrument was executed) to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: 5-2-05

Signature: Kay Stoner

Title: Notary

My appointment expires: 11-22-06



5/2/2005 Page 3 of 3 12:03PM