



201002260135
Skagit County Auditor

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Above Space Reserved for Recording {If required by your jurisdiction, list above the name & address of 1) where to return this form; 2) preparer 3) party requesting

Quitclaim Deed

Date of this Document: September 8, 2009

Reference Number of Any Related Documents:

Grantor:

Name Cascade River Community Club
Street Address P.O. Box 141
City/State/Zip Marblemount, WA. 98267

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

471
FEB 26 2010

Grantee:

Name William Bennion
Street Address 9122 Longhorn Ct. S.E.
City/State/Zip Olympia, WA. 98501

Amount Paid \$ 111.80
Skagit Co. Treasurer
By *Jmam* Deputy

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, build Mndoname): Lot 154 Division I Cascade River Park _____

Assessor's Property Tax Parcel/Account Number(s): P 63704_

THIS QUITCLAIM DEED, executed this 12th. - day of February
2010_, by first party, Grantor, Cascade River Community Club _____
mailing address is P.O. Box 141 Marblemount, WA 98267 _____
second party, Grantee, William Bennion _____
whose mailing address is 9122 Longhorn Ct. S.E. Olympia, WA 98101

WITNESSETH that the said first party, for good consideration and for the sum of Six Thousand _____
Dollars (\$ 6,000.00 _____) paid by the said second party, the receipt whereof is hereby
acknowledged
does hereby remise, release and Quitdaim unto the said second party forever.all the right,interest and daim

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: Lot 154 Division I 64368 Cascade River Road Cascade River Park Parcel # 63704

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

Signature of Witness _____
Print Name of Witness _____

Signature of Witness Print _____
Name of Witness _____

Signature of Grantor Print Robert L Anderson, President
Name of Grantor Robert L Anderson

State of Washington
County of Skagit

On February 16, 2010, before me, Rhonda R Tingley,
appeared Robert L Anderson, 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.
Rhonda R Tingley
Signature of Notary 10-1-10



Affiant Known Produced ID
Type of ID Washington DL

