

Return address:

TOM & Connie Marich  
P.O. Box 2249  
Mt. Vernon, WA 98273



201104270075  
Skagit County Auditor

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Document Title: Declaration of Homestead

Reference Number :

Grantor(s):

additional grantor names on page \_\_\_

1. Thomas L. Marich
2. Connie L. Marich

Grantee(s):

additional grantee names on page \_\_\_

1. Public
- 2.

Abbreviated legal description:

full legal on page(s) \_\_\_

Rt 2 SP PL-04-0465  
12-36-03 SWNE

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P122569

Recording Request By  
and When Recorded Mail To

Name: **Thomas & Connie Marich**

Address: **PO Box 2249**

City State and Zip: **Mount Vernon, WA 98273**

### HOMESTEAD DECLARATION

I, **Thomas & Connie Marich**, do hereby certify and declare the following:

1. That I am the owner of the following property located at the address of :1483 Barrell Springs Rd , in the City of "Bow, WA 98232" and County of : Skagit: State of Washington, and more particularly described as follows (give complete legal description):
2. I claim this property and the dwelling thereon as a homestead.
3.  This property is my principal dwelling, and I reside in this property on the date that the homestead declaration is recorded.  
  
 I intend for this property to be my principal dwelling, and intend to reside there beginning
4. The estimated cash value of the property described in Section 1 above is **\$361,000**
5. The facts stated in this homestead declaration are known to be true as of my own personal knowledge.

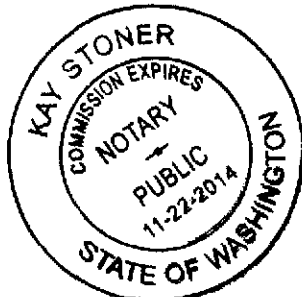
Signature Thomas L Marich  
 Printed Name THOMAS L MARICH  
 Date 4/27/2011

Signature of Spouse Connie L Marich  
 Printed Name of Spouse Connie L Marich  
 Date 4/27/2011

State of Washington }  
 County of Skagit } ss.

On 4/27/2011 before me, Kay Stoner, personally appeared Thomas L Marich + Connie L Marich 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.

NOTARY SEAL



Kay Stoner  
 NOTARY SIGNATURE  
Kay Stoner  
 (Name of Notary)