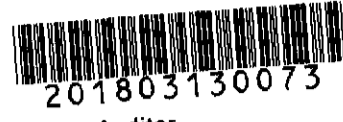


When recorded return to:
Harjinder Toor
447 Barry Loop
Mount Vernon, WA 98274



Skagit County Auditor
3/13/2018 Page 1 of 2 11:33AM \$75.00

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620033705

CHICAGO TITLE
W20033705

QUIT CLAIM DEED

THE GRANTOR(S)

Sukhwinder Singh Toor, Spouse of the Grantee
for and in consideration of in hand paid, conveys and quit claims to
Harjinder Toor, a married woman as her separate estate

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:

Lot 53, DIGBY HEIGHTS PHASE II, according to the plat thereof recorded September 19, 2011,
under Auditor's File No. 201109190087, records of Skagit County, Washington.

Situated in Skagit County, Washington.

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

Tax Parcel Number(s): P130937 / 6001-000-000-0053

Dated: March 8, 2018

X S S T
Sukhwinder Singh Toor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018961
MAR 13 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By MM Deputy

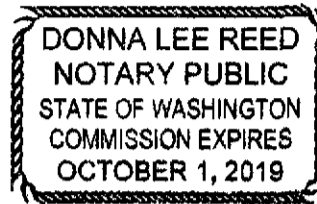
QUIT CLAIM DEED
(continued)

State of WASHINGTON
County of SKAGIT

I certify that I know or have satisfactory evidence that Sukhwinder Singh Toor is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 3/12/18

Donna Lee Reed
Name: Donna Lee Reed
Notary Public in and for the State of Washington
Residing at: Maple Valley WA
My appointment expires: 10/1/2019



State of WASHINGTON
County of SKAGIT

I certify that I know or have satisfactory evidence that Harjinder Toor is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: _____

Name: _____
Notary Public in and for the State of _____
Residing at: _____
My appointment expires: _____