

When recorded return to:

Lynne Parker  
8773 Bluff Lane  
Fair Oaks, CA 95628

Filed for Record at Request of  
Land Title & Escrow of Skagit & Island County  
Escrow Number: 02-181983-OE

### QUIT CLAIM DEED

THE GRANTOR MICHAEL BOZORA, SPOUSE OF GRANTEE for and in consideration of no consideration, separate community property in hand, conveys and quit claims to LYNNE PARKER, MARRIED AS HER SEPARATE PROPERTY the following described real estate, situated in the County of Skagit State of Washington, together with all after acquired title of the grantor(s) therein:

Lots 1 through 4, inclusive, Block 5, "HOLIDAY HIDEAWAY NO. 1," as per plat recorded in Volume 8 of Plats, pages 36 through 42, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Tax Parcel Number(s): 3926-005-001-0003, P65948

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Heather Beauvais  
Affidavit No. 2020-5262  
Date 12/10/2020

Dated: December 7, 2020

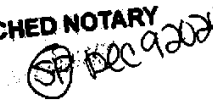
  
Michael Bozora

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I certify that I know or have satisfactory evidence that Michael Bozora is the person(s) who appeared before me, and said person(s) acknowledged that he / she / they signed this instrument and acknowledge it to be his / her / their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_\_

Notary Public in and for the State of California  
Residing at: \_\_\_\_\_  
My appointment expires: Nov 15 2024

SEE ATTACHED NOTARY  


### CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA  
COUNTY OF SACRAMENTO

SHANAN PRICE

On December 9, 2020, before me, \_\_\_\_\_, Notary Public,  
personally appeared

Michael Bozora

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the  
foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Shanan Price

Commission Expires: Nov 15 2024

**OPTIONAL**

Description of attached document: Quit Claim Deed

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Number of pages: 1

Document date: Dec 9 2020

Capacity of Signer(s):  
 Trustee  
 Power of Attorney  
 CEO / CFO / COO  
 President / Vice-President / Secretary / Treasurer

Other: \_\_\_\_\_