# 202302010025 02/01/2023 11:06 AM Pages: 1 of 3 Fees: \$255.50 Skagit County Auditor

Document Title: Bond							
Reference Number:							
Grantor(s):  1. RLT Insurance Compa 2.	[_] additional grantor names on page						
Grantee(s):  1. Skagit County Auditor  2. WA Dept of Licenses	[_] additional grantee names on page						
Abbreviated legal description:	[_] full legal on page(s)						
Assessor Parcel / Tax ID Number:	[_] additional tax parcel number(s) on page						
I, Myisha Fleming, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$39.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.							
Signed Myfur Fly	Dated 2/1/23						



### P.O. BOX 3967 PEORIA, IL 61612-3967 P: (800)645-2402 E: suretywa@rlicorp.com RLISURETY.COM

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202302010025

Bond No. <u>LSM1714298</u>

KNOW ALL MEN BY THESI That we,		andra Perkins	
as Principal and	RLI Insuranc	e Company	, a corporation do
			, as Surety, are held and firmly bound un
		in the penal sum o	
			DOLLA
( \$ 10,000.00 ), to			ade, we jointly and severally bind oursely
and our legal representatives firm		·	
DATED this <u>12th</u> day of	<u>December</u> , <u>2022</u> .		
			incipal was duly 🗵 elected 🛚 🔲 appoint
to the office of	Skagit Cou	inty Auditor	in the State of
Washington	for the term commencing	on the <u>1st</u> day of	f <u>January</u> , <u>2023</u> and ending c
· · · · · · · · · · · · · · · · · · ·	l Principal shall faithfully p	erform the duties of	his said office, then this obligation shall
void and of no effect.			
This bond is executed by the Su	rety upon the following expr	ess conditions:	
from the failure of, or default is deposited, or may be deposited, depositories were or may be sel-	n payment by, any banks o , or placed to the credit, or u ected or designated by the P	r depositories in whi ander the control of the rincipal or by other po	ys or funds occurring through or resulting that any public moneys or funds have been he Principal, whether or not such banks of the allowance to, of law, decision, ordinances, or statute to the
			n the failure of the Principal to collect ar
and this bond shall be deemed	canceled at the expiration on and provisions of this bor	of said thirty (30) dand for any act or acts	y (30) days notice in writing to the Obligatys; the Surety remaining liable, however covered by this bond which may have been
	andlillilling.		Sandra Perkins
William RLJ.	SEAL LINOIS	Sud	RLI Insurance Company
	· oanne	Beth Kumma	Attorney In Fac
APPROVAL:		. Δ	9 1 1 0 1
I have inspected the above Bond	and do hereby certify	Bonne	Approxing Officer
that the same is sufficient.			Approving Officer

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### OATH OF OFFICE

THE STATE OF	Washington	-)			
	· ,	> ss			
County of	iagit	_)			
	<b>J</b>				
O (1) (1) (0) TT (1)	Sandra Perkins	0.1. 0 0	, being duly sv	worn, says that	he will support the
	d States and the Constitution				that he will faithfully
discharge the dunes of his	s said office as	S	kagit County Audi	itor	······································
Subscribed and sworn to 1	before me this 22	_day of Decen	abe, 202	<del>-</del> 2	
My Commission Expires				$\cap$	_
10/10	1/2025,_	. (	\ Alo	MV /rl	alk .
	,			Notary Public	c
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			¥	OMM	NO A
	ACKNOW	LEDGEMENT (	OF SURETY	. No.	AAY E
	12022.10 //		or south i	STR	ARY E
STATE OF	Washington	_		= 1.3	
51711B 01	w asimigron	SS		NA NA	SHING
COUNTY OF	Snohomish	35		Thin	111111111
	_ day of December				
	Beth Kumma				
	id Attorney In Fa				
	,Illir				
	ois, that the seal				
	as signed, sealed and exect the said instrument and the		•	•	•
raturer acknowledge that	the sale instrument and the	, execution mereor to	be a voluntary ac	t and deed of sa	iu corporation.
IN WITNESS V	VHEREOF, I have hereun	to subscribed my na	me and affixed b	v official seal t	he day and year last
above written.	,	•		,	
			0	16	$\bigcirc$ $\land$ $\bigcirc$
		_	May		
		L	isa K. Pohl		Notary Public
My Commission Expires					
00/05/00	24			A	<b>h</b> .
02/25/20	<u> </u>		نع	JSH N D	O. W.
			<i>-</i>	13405;*I	Will My