

Recording requested by:
ServiceLink



201305200138

Skagit County Auditor

\$76.00

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5 12:27PM

Return Address:

AMY SUTTLES
1303 MADDOX CREEK ROAD, UNIT 2
MOUNT VERNON, WA 98274

Document Title(s) SPECIAL LIMITED WARRANTY DEED
Reference Number(s) of Documents assigned or released:
Grantor(s) FEDERAL NATIONAL MORTGAGE ASSOCIATION
Grantee(s) AMY SUTTLES, AN UNMARRIED WOMAN
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range) UNIT 2, BUILDING TRACT 88, CREEKSIDE CONDOMINIUM Skagit County, WA
Assessor's Property Tax Parcel/Account Number P116177
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

SPECIAL/LIMITED WARRANTY DEED

This instrument prepared by:

Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550,
Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170 and Vic J. Devlaeminck Esq.,
Attorney At Law, Washington State Bar Number: 16609.

After Recording Return To:

AMY SUTTLES
1303 MADDOX CREEK ROAD, UNIT 2
MOUNT VERNON, WA 98274

20131845
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Commitment Number: 3098560
Seller's Loan Number: 1703273790

MAY 20 2013

Amount Paid \$ $\emptyset$
Skagit Co. Treasurer
By *MF* Deputy

ASSESSOR PARCEL IDENTIFICATION NUMBER:
P116177

ABBREVIATED LEGAL: UNIT 2, BUILDING TRACT 88, CREEKSIDE
CONDOMINIUM *Skagit County, WA*

Exempt: WAC 458-61A-205.

Federal National Mortgage Association, whose mailing address is **14221 Dallas Parkway, Suite 1000, Dallas, TX 75254**, hereinafter grantor, for \$175,000.00 (One Hundred Seventy Five Thousand Dollars and Zero Cents) in consideration paid, GRANTS and CONVEYS with covenants of limited warranty to **AMY SUTTLES, AN UNMARRIED WOMAN** hereinafter grantee, whose tax mailing address is **1303 MADDOX CREEK ROAD, UNIT 2, MOUNT VERNON, WA 98274**, the following real property:



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LEGAL DESCRIPTION:

UNIT 2, BUILDING TRACT 88, CREEKSIDE CONDOMINIUM, ACCORDING TO DECLARATION THEREOF RECORDED UNDER AUDITOR'S FILE NO. 199911020014, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Assessor's Parcel Number: P116177

Property Address is: 1303 MADDOX CREEK ROAD, UNIT 2, MOUNT VERNON, WA 98274.

Seller makes no representations or warranties, of any kind or nature whatsoever, other than those set out above, whether expressed, implied, implied by law, or otherwise, concerning the condition of the title of the property prior to the date the seller acquired title.

The real property described above is conveyed subject to the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behalf of the grantee forever.



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Executed by the undersigned on 5/16, 2013:

Federal National Mortgage Association

By: PITE DUNCAN LLP, its Attorney In Fact

By: _____

Andrea Whitney

Manager

Name: _____

**Federal National Mortgage Association
By: Pite Duncan LLP, a California limited
liability partnership as its attorney-in-fact**

Title: _____

STATE OF _____

COUNTY OF _____

ACKNOWLEDGED AND EXECUTED BEFORE ME, on this _____ day of _____, 2013, by _____ of **PITE DUNCAN LLP as the Attorney in Fact for Federal National Mortgage Association**, and is appearing on behalf of said corporation, with full authority to act for said corporation in this transaction, who is known to me or has shown _____ as identification, who after being by me first duly sworn, deposes and says that he/she has the full binding legal authority to sign this deed on behalf of the aforementioned corporation and acknowledge said authority is contained in an instrument duly executed, acknowledged; and recorded as set forth above, and that this instrument was voluntarily executed under and by virtue of the authority given by said instrument granting him/her power of attorney.

SEE ATTACHEID

NOTARY PUBLIC
My Commission Expires



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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

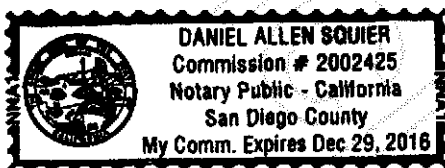
County of San Diego

On 5/16/13 before me, Daniel Allen Squier, Notary Public

Here Insert Name and Title of the Officer

personally appeared Andrea Whitney

Name(s) of Signer(s)



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: Daniel A. Squier

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Special/Limited Warranty Deed

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Attorney in Fact

☐ Trustee

☐ Trustee

☐ Guardian or Conservator

☐ Guardian or Conservator

☐ Other: _____

☐ Other: _____

Signer Is Representing: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here



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