STATE OF WASHINGTON

WARRANTY DEED

[Husband and Wife to Trust]

Control Number - WA - 015 - 78

NOTE ABOUT COMPLETING THE FORMS

The forms in this packet contain "form fields" created using Microsoft Word. "Form fields" facilitate completion of the forms using your computer. They do not limit you ability to print the form "in blank" and complete with a typewriter or by hand. If you do not see the gray shaded form fields, go the View menu, click on Toolbars, and then select Forms. This will open the forms toolbar. Look for the button on the forms toolbar that resembles a shaded letter "a". Click in this button and the form fields will be visible. The forms are locked which means that the content of the forms cannot be changed. You can only fill in the information in the fields.

If you need to make any changes in the body of the form, it is necessary for you "unlock" or "unprotect" the form. IF YOU INTEND TO MAKE CHANGES TO THE CONTENT, DO SO BEFORE YOU BEGIN TO FILL IN THE FIELDS. IF YOU UNLOCK THE DOCUMENT AFTER YOU HAVE BEGUN TO COMPLETE THE FIELDS, WHEN YOU RELOCK, ALL INFORMATION YOU ENTERED WILL BE LOST. To unlock click on "Tools" in the Menu bar and then selecting "unprotect document". You <u>may</u> then be prompted to enter a password. If so, the password is "uslf". That is uslf in lower case letters without the quotation marks. After you make the changes relock the document before you being to complete the fields.

After any required changes and re-protecting the document, click on the first form field and enter the required information. You will be able to navigate through the document from form field to form field using your tab key. Tab to a form field and insert your data. If problems, please let us know.

DISCLAIMER

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Above This Line Reserved For Official Use Only
Prepared by and after recording return to:
Name: Firm/Company: Address: Address 2: City, State, Zip: Phone:
Assessor's Property Tax Parcel/Account Number:
WARRANTY DEED (Husband and Wife to a Trust)
KNOW ALL MEN BY THESE PRESENTS THAT:
FOR VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, and, Husband and Wife,
and Husband and Wife, hereinafter referred to as "Grantors", do hereby grant, convey and warrant unto
, as Trustee of
Describe Property of State "SEE DESCRIPTION ATTACHED"
Prior instrument reference: Book, Page, Document No, of the Recorder of County, Washington.
LESS AND EXCEPT all oil, gas and minerals, on and under the above described property owned by Grantors, if any, which are reserved by Grantors.
SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's assigns forever, with all appurtenances thereunto belonging.

GRANTORS do for Grantors and Grantors' heirs, personal representatives, executors and assigns

forever hereby covenant with GRANTEE that Grantors are lawfully seized in fee simple of said premises; that the premises are free from all encumbrances, unless otherwise noted above; that Grantors have a good right to sell and convey the same as aforesaid; and to forever warrant and defend the title to the said lands against all claims whatever. Taxes for tax year _____ shall be _ prorated between Grantors and Grantee as of the date selected by Grantors and Grantee, or paid by Grantee, or paid by Grantors. The property herein conveyed \square is not a part of the homestead of Grantors, or \square is part of the homestead of Grantors. WITNESS Grantor(s) hand(s) this the ____ day of ______, 20____. Grantor {Type Name} Grantor {Type Name} STATE OF COUNTY OF _ On this day personally appeared before me _____ the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and seal of office this ______ day of ______, 20 _____. Notary Public residing at _____ Printed Name: My Commission Expires:

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Grantee(s) Name, Address, phone:

Grantor(s) Name, Address, phone:

SEND TAX STATEMENTS TO GRANTEE