WHEN RECORDED RETURN TO:

Name: _____
Address: _____
City, State, Zip _____

Chicago Title Insurance Company

701 5th Avenue, Suite 3400, Seattle, Washington 98104

LPB No. 13

SELLER'S ASSIGNMENT OF CONTRACT AND DEED

THE GRANTOR(s)

for value received convey and to

, the grantee(s),
the following described real estate, situated in the County of , State of Washington,
together with all after acquired title of the grantor(s) therein:

and do hereby assign, transfer and set over to the grantee that certain real estate contract dated the day of , and recorded on , under recording number , between

as seller and

as purchaser for the sale and purchase of the above described real estate. The grantee hereby assume and agree to fulfill the conditions of said real estate contract and the grantor hereby covenant that there is now unpaid on the principal of said contract the sum of

Tax Account Number: _____ DATED: _____

_____ _____
(Individual)

_____ _____
(Individual)

STATE OF WASHINGTON)
ss.
COUNTY OF _____)

On this _____ day of _____, _____ before me, the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared _____
known to me to be the individual(s) described in and who executed the within instrument and acknowledged that _____ signed and sealed the same as _____ free and voluntary act and deed, for the uses and purposes herein mentioned.

_____

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

STATE OF WASHINGTON)
ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____
is the person who appeared before me, and said person acknowledged that _____ signed this instrument, on oath stated that _____ was authorized to execute the instrument and acknowledged it as _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.
Dated: _____

_____

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