Filed for Record at Request of &

When Recorded Return To

Grantee's Name

Grantee's Mailing Address

Grantee's City, State, & ZIP

SPECIAL WARRANTY DEED

(Upon Sale of Real Property)

Grantor:

Grantee:

Abbreviated Legal Descr.:

Parcel No.:

Grantor GRANTOR'S NAME, as Personal Representative of the Estate of DECEDENT'S NAME, Deceased, King County, Washington, Superior Court Case No. 04-4-12345-6 SEA, for and in consideration of ten dollars and other good and valuable consideration paid and received, sells and grants to GRANTEE'S NAME all interest in the following described real property located in King County, Washington, together with all after-acquired title of the grantor:

Lot      , Block      , of      .

Parcel No.      .

More commonly known as: Street address of real property.

Assessor's Property Tax Parcel/Account Number: 123-456-789.

Grantor him/herself and for Grantor’s successors in interest:

* Expressly limits the covenants of the deed to those expressed in this Deed;
* Excludes all covenants arising or to arise by statutory or other implication; and
* Covenants forever to warrant and defend the title to the real property described in this Deed against all persons lawfully claiming or to claim by, through, or under Grantor and not otherwise.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estate of DECEDENT'S NAME, Deceased

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantor's Name,

Personal Representative

STATE OF WASHINGTON )

) ss.

COUNTY OF KING )

On this day personally appeared before me Grantor's Name, known or proved to me to be the individual described in and who executed the within and foregoing ***Special Warranty Deed***, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

NOTARY PUBLIC for Washington

Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My appointment expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_