

Return Address:

CITY CLERK

CITY OF NORTH BEND

920 SE CEDAR FALLS WAY

NORTH BEND, WA 98045

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in)

1. Bill of Sale 2. _____
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document

1. TriPointe, LLC, _____
2. _____

Additional names on page _____ of document.

Grantee(s) Exactly as name(s) appear on document

1. City of North Bend
2. _____

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Cedar Landing Phase 1 Sewer Lift Station Tract K; Por. of SE ¼ Sec. 15, Twn. 23 N., Rge. 08 E., W.M (KC Plat Rec. No. 20190205000323 Cedar Landing Phase 1)

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

1447700660

Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

UPON RECORDING RETURN TO:

City Clerk
City of North Bend
P.O. Box 896
North Bend, WA 98045

BILL OF SALE

Reference Numbers of Related Documents: N/A

Grantor: TriPointe, LLC (Formerly known as Quadrant Homes)

Grantee: City of North Bend

Legal Description: Cedar Landing Phase 1 Sewer Lift Station Tract K

Abbreviated Legal: Por. of SE ¼ Sec. 15, Twn. 23 N., Rge. 08 E., W.M

Tax Parcel Identification Number: 144770-0660

KNOW ALL MEN BY THESE PRESENTS that for and in consideration of the sum of One Dollar (\$1.00) and other good and sufficient consideration, receipt whereof is hereby acknowledged, TriPointe, LLC, a Washington limited liability company (“Grantor”), does by these presents hereby grant, convey, set over, assign, transfer and sell to the City of North Bend, a Washington municipal corporation (“Grantee” or “the City”), the following described wastewater lift station system, all of which has been constructed and installed within the existing public right of way and/or subdivision commonly known as Cedar Landing Phase 1:

Wastewater Lift Station:

Approximately 954 lineal feet of 8” diameter sewer lines. In addition to the sewer lines, associated sewer structures and appurtenances were also constructed. The above described sewer collection system is located in SE Cedar Falls Way, Little Si Ave. SE, SE 12th Street, and Haystack Ave. SE.

Grantor warrants that it is the sole owner of all the property above described and has full power to convey all rights herein conveyed and agrees to hold Grantee harmless from any and all claims which might result from execution of this document.

Grantor warrants that the property above described is free from all liens and encumbrances and Grantor warrants and will defend the property hereby conveyed to Grantee and its successors and assigns against the lawful claims and demands of all persons.

By accepting and recording this instrument, the City accepts and agrees to maintain only the property expressly conveyed herein, and to do so in the same manner as though it had been constructed by the City.

IN WITNESS WHEREOF the Grantor(s) has/have executed these presents this ____ day of _____, 20____.

GRANTOR:
TriPointe, LLC

GRANTEE:
City of North Bend

By: _____
Its: _____

By: _____
Its: _____

APPROVED AS TO FORM:

Michael R. Kenyon, City Attorney

STATE OF WASHINGTON)
)ss
COUNTY OF KING)

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

DATED: _____

(Stamp)

(Print: _____)

NOTARY PUBLIC in and for the State of Washington

My appointment expires _____

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STATE OF WASHINGTON)
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COUNTY OF KING)

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DATED: _____

(Stamp)

(Print: _____)

NOTARY PUBLIC in and for the State of Washington

My appointment expires _____