

AFTER RECORDING RETURN TO:

EASEMENT

The GRANTOR(S) (name(s) and place(s) of residence) for and in consideration of (list consideration, One Dollar, Ten Dollars, Love and affection ... and other good and valuable consideration) in hand paid, grant and convey to the GRANTEE(S), (name(s)), a/an perpetual, non-exclusive easement for (ingress, egress, access, utility lines or other purpose(s)), over, on and across the following described real estate:

(here insert the legal description(s), including ... and limitations)
_____.

situated in the County of _____, State of Washington.

which easement shall run with the land and benefit the following described real estate:

(here insert the legal description(s), including ... and limitations)
_____.

situated in the County of _____, State of Washington.

Dated this _____ day of _____, 200__.

Grantor

Grantor

Grantor

(If Grantor is NOT a corporation)

STATE OF WASHINGTON)
) :ss
COUNTY OF)

ON THIS ____ day of _____, 200__, before me, personally appeared _____ and _____, to me known to be the individual(s) who executed the within and foregoing instrument, and acknowledged said instrument to be his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto the day and year in this certificate first above written.

Notary Public in and for the State of Washington,
residing at _____
My Appointment Expires _____

(If Grantor IS a corporation)

STATE OF WASHINGTON)
) :ss
COUNTY OF)

ON THIS ____ day of _____, 200__, before me, personally appeared _____ and _____, to me known to be the (title) and (title) _____ of the Grantor, the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that they were authorized to execute said instrument.

WITNESS my hand and official seal hereto the day and year in this certificate first above written.

Notary Public in and for the State of Washington,
residing at _____
My Appointment Expires _____