

Return Address:

Name: _____

Address: _____

City State Zip: _____, _____ _____

Restrictive Covenant Modification

GRANTOR(S):

1. _____

2. _____

GRANTEE: The Public

ABBREVIATED LEGAL DESCRIPTION:

Additional legal description is on page ___ of this document.

TAX PARCEL NUMBER: _____

REFERENCE NUMBER OF RESTRICTIVE COVENANT MODIFIED: _____

_____, Grantor(s) herein, hereby record this restrictive covenant modification document with respect to the following described real property:

[legal description, or append to document]

The property is subject to an original written instrument recorded _____ (date) under _____ County Auditor's File Number _____.

The referenced original written instrument contains discriminatory provisions that are void and unenforceable under RCW 49.60.224 and federal law. This document strikes from the referenced original instrument all provisions that are void and unenforceable under law.

This document affects only the portion of the original written instrument that is void pursuant to RCW 49.60.224.

The effective date of this document is the same as the effective date of the original written instrument.

Dated: _____

_____ (grantor)

_____ (grantor)

STATE OF

ss.

COUNTY OF

I certify that I know or have satisfactory evidence that _____

_____ (is/are) the person(s) who appeared before me, and

said person(s) acknowledged that _____ signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated:

Notary name printed or typed:
Notary Public in and for the State of
Residing at
My appointment expires:

Full Legal Description
(if necessary)