

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, on oath that \_\_\_\_\_  
authorized to execute the instrument and acknowledged it as the  
\_\_\_\_\_ of \_\_\_\_\_ 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)