

received
5-11-07

After recording return to:
Arlington Municipal Airport
18204 - 59th Ave. NE
Arlington, WA 98223



200706060970 3 PGS
06/06/2007 3:53pm \$34.00
SNOHOMISH COUNTY, WASHINGTON

"ARLINGTON AIRPORT PROTECTION DISTRICT" DISCLOSURE STATEMENT

Grantor: CASCADE REGIONAL EYE CENTER DBA THE HARMAN EYE CLINIC
Grantee: The City of Arlington and/or the Public
Legal description (abbrev.): Twp 31 Rge 05 Sec 12 Qtr NM
Tax parcel no.: 008 016 0000 0100


DISCLOSURE

Your real property is located within the City of Arlington Airport Protection Subdistrict "D". As a result, you may be subject to inconvenience or discomforts arising from aeronautical activities, INCLUDING BUT NOT LIMITED TO NOISE, ODORS, FUMES, DUST, SMOKE, HOURS OF OPERATION AND OTHER AERONAUTICAL ACTIVITIES. The City of Arlington Land Use Code, AMC 20.38.090, requires that you sign this disclosure notice in connection with permits you are or may be seeking.

Aeronautical activities conducted on the Arlington Municipal Airport in compliance with acceptable aeronautical practices and established prior to surrounding non-aeronautical activities are presumed to be reasonable and shall not be found to constitute a nuisance unless the activities have a substantial adverse effect on the public health and safety.

This disclosure applies to the real property which is subject to a development or building permit as of the date of the development or building permit approval, or, in case of real property transfers, the disclosure applies to the subject property as of the date of the transfer. This disclosure may not be applicable thereafter if areas designated within the Airport Protection Subdistrict "D" are changed from that designation.

Grantor authorizes and directs that this Disclosure Statement be recorded with the Snohomish County Auditor before issuance of permits on the Grantor's property. The copy to be recorded must bear the signature of a witness.


Grantor

SIGNED BEFORE ME this 8th day of MAY, 2007.

Judy Hinderlie
Signature of Witness

Printed name: JUDITH L. HINDERLIE
Address: 903 MEDICAL CENTER DR
ARLINGTON WA 98223

PROJECT ADDRESS 903 MEDICAL CENTER RD UNIT A
ARLINGTON, WA 98223

TAX ACCOUNT NO 00801600000100

Township 31 Range 05 Section 12 Quarter NW

LEGAL DESCRIPTION: CASCADE MEDICAL CENTER, A
CONDOMINIUM BLDG ONLY-UNIT A TGN UND 25% INT IN
COM AREAS & FACS DESC IN DECL REC AF NO
9203100256 LESS RD R/W TO CITY OF ARL PER SWD REC
AFN 200605030943 - REFER TO ACCT NO
8016-000-999-0008 FOR LAND ONLY ACCT