



200609280135

Skagit County Auditor

9/28/2006 Page

1 of

3 4:27PM

Document Title: Lack of Probate Affidavit

Reference Number:

Grantor(s):

additional grantor names on page \_\_\_

1. Donald A. Johansson

2.

Grantee(s):

additional grantee names on page \_\_\_

1. Public

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

Lot C-10 Lake Tyee DIV I

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P78742

Eleanor I. Lasell, estate (deceased)

LACK OF PROBATE AFFIDAVIT

State of Washington

County of SKAGIT

Donald A. Johansson being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of Eleanor T. Lasell and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Lot C-10 Lake Tyee DIV I

SECOND, that the Decedent died on the 18<sup>th</sup> day of August in the City of New Westminister County of \_\_\_\_\_, State of British Columbia

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said county, except as follows:

N/A

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$ 18,100 including real property above described, which had an approximate market value of \$ Same

FIFTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SIXTH, that the decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services

SEVENTH, that the following lists comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir opposite their name. If any heirs under 18, this Affidavit is not applicable.):

Donald T. Lasell

Blaine C. Lasell

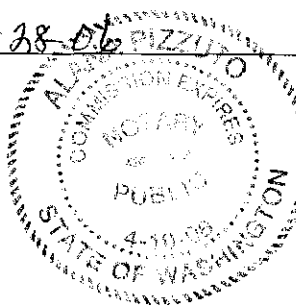
x Donald Johansson  
Signature of Affiant

DATED this 28<sup>th</sup> day of September, 2006.

State of Washington  
County of Skagit } SS:

I certify that I know or have satisfactory evidence that Donald A Johansson is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 9-28-06



Alana Pizzuto  
Notary Public in and for the State of Washington  
Residing at: Mount Vernon  
My appointment expires: 4-10-08



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Skagit County Auditor

CANADA  
**BRITISH COLUMBIA**

**CERTIFICATE  
OF DEATH**

MINISTRY OF HEALTH SERVICES  
Vital Statistics Agency

19559178

This is to certify that the following is an extract from the registration on file with the Vital Statistics Agency, Victoria, British Columbia, concerning the death of

Name	ELEANOR INGRID LASELL	Sex	FEMALE
Date of Death	AUGUST 18, 2006		
Place of Death	NEW WESTMINSTER		
Age	66	Registration No.	40247158 - 841
Birthplace	ALBERTA CANADA		
Residence	NEW WESTMINSTER, BRITISH COLUMBIA		

Given under my hand at Victoria, British Columbia

this 22 day of AUGUST 06

  
Chief Executive Officer  
Vital Statistics Agency

HLTH 436L (REV. 08/04)

This photocopy is a true copy  
of the original document which  
has not been altered in any way.

  
FRED M. PHILPS

Notary Public  
210 - 800 McBride Boulevard  
New Westminster, B.C., V3L 2B8  
Phone: (604) 521-5977



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