

Return Address:

Armette Lindquist

4701 Schooner Drive

Anacortes, WA 98221

Skagit County Auditor 7/25/2016 Page

1 of

\$75.00 3 4:02PM

AFFIDAVIT (LACK OF PROBATE) A 111735

GUARDIAN NORT	HWĖŠŤ TITLE CO
Amette LindQuist, being first duly swom,	deposes and says:
Notary The undersigned affiant is a rightful heir, as listed on heirs at law, to the real properties.	
below, and is Source (relation	
of Sandra D Winroth	(decedent),
who died on (date) 3 · 15 42	, at
ANACORTES WA SEABIT	
City County	State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:	
Abbreviated Legal Description: LOTS 11-12 AND PTH. O	F 13,
BLOCK 10, KELLOGG & FORD'S ADD. TO	
ANALORTES	
Assessor's Property Tax Parcel/Account Number:	.
(Attach full legal description of the property)	
Decedent left no Last Will and Testament.	
Decedent left a Last Will and Testament which HAS NOT been Probated or Re	evoked/
"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)	
* *	(Page 1 St

REV 84 0017 (6/24/16)

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 20163149 JUL 2 5 2016

> Amount Paid \$-Skagit Co. Treasurer Deputy

LERUY E WINIGHT DECENSEDSPOUSE
Full name, age, relationship, address
Amete Linoquist
Full name, age, relationship, address
PAUGINTER 54 ANACONTES, WA-
JOHN WINGTH 53 Kent WA SON Full name, age, relationship, address
Full name, age, relationship, address PAUGHTER TODI LAWIENCE 48 LAKE STEVENS
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address

4D-1-4. 1.1.1. 20 2016		
Dated: July 20, 2016		
Annette Lindquist		
Afficant's full name		
Telephone number		
4701 Schooner Drive		
Anacortes	Street WA	98221
City	State	Zip Code
		5-20-1/
Signature		5-20-16 Date
		Dute
	/	
State of WA		_County ofSKA617
	\(\frac{1}{2}\)	
I know or have satisfactory evidence that	1 <u> </u>	ETTE LINDQUIST (name of person)
is the person who appeared before me, as affidavit and acknowledged it to be (his/	nd said person	acknowledged that (he/she) signed this
mentioned in this affidavit.	(ici) iicc and	voluntary act for the uses and purposes
Dated: 1/20/16	$\left(\right)$	hat I man
		Signature of Notary Publy
(SEAL OR		
STAMP)	Residing at	: COUPEDIELE
STAMP)		
2 (8, MCARA 20)	Notary Pu	blic in and for the State of OA
ppolic /8/	My appoin	tment expires: 10 / 8/)
OF WASHING		
SOF WASTER		