

Return Address:

Guardian Northwest Title  
3202 Commercial Avenue  
Anacortes, WA 98221



201608180072

Skagit County Auditor

\$75.00

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3 3:42PM

**AFFIDAVIT (LACK OF PROBATE)**

**GUARDIAN NORTHWEST TITLE CO.**

Gail Koller, being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is surviving spouse (relationship to decedent) of Earl Koller (decedent), who died on (date) May 14, 2016, at

Anacortes

City

Skagit

County

WA

State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 69, Plat of Horizon Heights, Div. IV

Assessor's Property Tax Parcel/Account Number: P108761  
(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 Revoked.

"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)

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UNCLASSIFIED

Gail L. Koller, 78, Wife

Full name, age, relationship, address

610 Cumberland Dr, Flagler Beach, FL 32136

Full name, age, relationship, address

Pamela J. Koller, 53, Daughter

2309 S. Flagler Ave, Flagler Beach, FL 32136

Full name, age, relationship, address

Deborah R. Koller, 51, Daughter

610 Cumberland Dr, Flagler Beach, FL 32136

Full name, age, relationship, address

Geoffrey A. Koller, 47, Son

113 Hinderwood Ct, Smyrna, Tenn 37167

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

DOCUMENT

Dated: \_\_\_\_\_

Gail L. Koller

Affiant's full name

(360) 333-9137

Telephone number

610 Cumberland Drive

Flagler Beach FL 32136

City State Zip Code

Gail Koller 8/17/16  
Signature Date

State of Florida County of Flagler

I know or have satisfactory evidence that GAIL KOLLER  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 8/17/16

(SEAL OR  
STAMP)

[Signature]  
Signature of Notary Public

Residing at 1401 Const. Dr. Flagler County

Notary Public in and for the State of Florida

My appointment expires: Apr 17, 2017

