

Return Address:

Guardian Northwest Title
3202 Commercial Avenue
Anacortes, WA 98221



201608190062

Skagit County Auditor

\$75.00

8/19/2016 Page

1 of

3 10:49AM

AFFIDAVIT (LACK OF PROBATE)

GUARDIAN NORTHWEST TITLE CO.

Julie Lorraine Healey, 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 the daughter (relationship to decedent) of Mary Jeanne Logston (decedent), who died on (date) April 16, 2005, at Anacortes Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Tract 1 and Ptn. Tracts A & C, Kincaid Addition, Fidalgo City,
1954

Assessor's Property Tax Parcel/Account Number: P73374
(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)

(Page 1 of)

Julie Lorraine Healey, 902 29th Ave Seattle WA

Full name, age, relationship, address

64, daughter

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 8-15-16

Julie Lorraine Healey
Affiant's full name

206-250-1039
Telephone number

902 2nd Ave
City Seattle Street WA Zip Code 98122
City State Zip Code

[Signature] 8/15/16
Signature Date

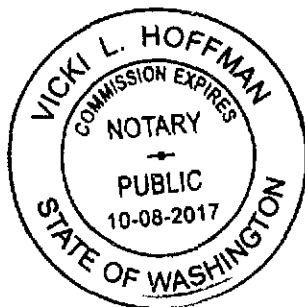
State of WA County of SKAGIT

I know or have satisfactory evidence that JULIE LORRAINE HEALEY
(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: 8/15/16

(SEAL OR
STAMP)



[Signature]
Signature of Notary Public

Residing at: COUPEVILLE

Notary Public in and for the State of WA

My appointment expires: 10/8/17