

Skagit County Auditor

\$78.00

10/19/2016 Page

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6 3:24PM

WHEN RECORDED RETURN TO:

Builington

DOCUMENT TITLE(S):

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Patricia Stormont

GRANTEES:

Christopher James Stormont (deceased)

ABBREVIATED LEGAL DESCRIPTION:

Lot 14, Westview Estates.

TAX PARCEL NUMBER(S): 4766-000-014-0000, P117317



AFFIDAVIT (LACK OF PROBATE)

V Patricia Stormont		being first duly sworn, deposes and says:
The undersigned affiguat	is the rightful heir to the real r	roperty described below, and is
the survivir		(relationship to decedent)
the outviva		(Total offship to decedent)
of <u>Christopher</u>	James Stormont/	(decedent), who died on (date)
May 4, 2016	,at	
Seattle	King	Washington
City	County	State
		ng at the discretion of the county.
REGARDING DISPOS	ITION OF REAL PROPER?	TY:
which is located at a com	ription of the property with commonly recognized address of: ail Road	unty and parcel number being transferred
Sedro-	Woolley Street WA	98284
City	State	Zip Code
		mmunity Property Agreement; OR Decedent
		rviving spouse (A COPY OF WHICH IS
	w), or has been recorded under	rCounty recording
number	; OR	
OF WHICH IS ATTA		NOT been Probated or Revoked (A COPY)
predeceased child or adop	nrviving spouse, children, adopoted child, parents, brothers and all heirs at law of the decedent:	d sisters of the decedent.
•		(Page 1 of)

tatricia Stormont	67 yrs.
Full name, age, relationship, address	
Billie J. Stormont	43
<u>daughter</u>	
Full name, age, relationship, address Nicus las J. Stormant	41
50-1	>
Full name, age, relationship, address	
Full name, age, relationship, address	
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Full name, age, relationship, address	

/b -	18 2011
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19-2016
Patricia L. Storm	01
Affiant's full name	
360-391-9138	<u></u>
Telephone number	
PO BOX 158	
Lyman	Na Street 98263
City	Syste Zip Code
Detricia Strange	nd 10/19/16
Signature Signature	Date
S C / A	County of SKAGIT
State of	County of SKAGIT
	- P 1/4
I know or have satisfactory evidence t	hat Tatricia Mormat (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 (h	is/her free and voluntary act for the uses and purposes
mentioned in this affidavit.	
Dated: 10, 19,20/6	Exclusion William Factor
Dated.	Signature of Notary Public
STAMP MARIA FARA	
S S S OF EXPINED OF	Residing at: Ola Warle
STAMP MARIA FARRES	Nedam Bulkis in and Goodle State of A
NAME OF SECOND SOLVEN O	Notary Public in and for the State of
OF WASHING OF WASHING OF THE OF WASHING OF THE OF WASHING	My appointment expires: 6/28/2020
THE OF WAS	



DESCRIPTION:

Lot 14, "PLAT OF WESTVIEW ESTATES," as per plat recorded on October 31, 2000, under Auditor's File No. 200010310002, records of Skagit County, Washington.

TOGETHER WITH an undivided 1/14th interest in Tract A of said Plat of Westview Estates.

Situate in the County of Skagit, State of Washington.