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Skagit County Auditor  
11/28/2016 Page

\$74.00  
1 of 2 2:57PM

Document Title:

Lack of Probate Affidavit

Reference Number (if applicable):

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

- 1) Margaret P. Webster
- 2) \_\_\_\_\_

Grantee(s):

☐ additional grantor names on page \_\_\_\_.

- 1) Public
- 2) Estate of Patrick J. Webster

Abbreviated Legal Description:

☐ full legal on page(s) \_\_\_\_.

ptn. Lts 5-8 Blk 10 River view add etal

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page \_\_\_\_.

P70469

LACK OF PROBATE AFFIDAVIT

State of Washington

County of Skagit

MARGARET P WEBSTER being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of PATRICK J WEBSTER 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:  
DK 125 RIVERVIEW RD AVON WA 98545 & VAC E SPT OF CHERRY P70469 Adj to LOTS 6 & 7 & W 25th & S 8 BIK 10 EXC PTN CONV DK #12

SECOND, that the Decedent died on the 6 day of June, 2006 in the City of Mount Vernon, County of SKAGIT, State of WASHINGTON

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 of said county, except as follows:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$ 157,000<sup>00</sup> including real property above described, which had an approximate market value of \$ 150,000<sup>00</sup>.

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.)

MARGARET P WEBSTER 57

RYAN WEBSTER 26

Lennette Schmidt 38

CHRISTOPHER WEBSTER-SWAN 21

LORI AUGRE 30

ADAM WEBSTER 20

ERICK Judd 32

Signature of Affiant

Margaret P Webster

DATED this 28 day of October, 2006.

State of

County of

Washington  
Skagit

SS:

I certify that I know or have satisfactory evidence that is the person(s) who appeared before me, and said person(s) acknowledged that signed this instrument and acknowledge it to be uses and purposes mentioned in this instrument.

Margaret P Webster  
he/she/they  
his/her/their free and voluntary act for the

Dated: 10/18/06

Notary Public in and for the State of

Residing at

My appointment expires:

Washington

14624 Chandler Dr. Leavenworth, WA

7/15/07