

Return Address:
Land Fitle Company
3010 Commercial Ave
Anacortes, WA 98221

Skagit County Auditor 1/25/2017 Page

1 of

\$75.00 3 3:50PM

	September 1	The state of the s		
The 1	undersigned affiant/grantee	Marsha J. Zott	, being first duly sworn	
	Second Market	Name of Affiant	<u> </u>	
depos	ses and states as follows:	hat they are a rightful heir as	listed on heirs at law, to the real	
prope	erty described below, and			
		Reli	ationship to decedent	
of _	Jerry Wayne Zott		, who died on <u>9/21/16</u>	
	Decedent/Gra	Selection and the selection of the selec	Date	
at _	Anacortes	Skagit	Washington	
	City	County	State	
REA	L PROPERTY SUBJEC	T TO THE AFFIDAVIT: $ angle$		
Abbr	eviated Legal Description:	Lot 36, Woodridge Es	tates	
	-		Land Title and Escrow	
			<u></u>	
			(15)6592-	
			TAE	
Asse	essor's Property Tax Pai	cel/Account Number: P	2111884	
(Atta	ach full legal description	of the property)		
<b>M</b> D <sub>0</sub>	ecedent left no Last Will a	nd Testament.		
□ D <sub>0</sub>	ecedent left a Last Will an	d Testament which HAS NOT	been Probated or Revoked.	
		ng spouse, children, adopted c		ń.
		nild, parents, brothers and siste		Ì
		rs at law of the decedent: (use		and the same of th
neces	ssary)	SKAGIT COUNTY WASHIN		
		REAL ESTATE EXCISE 1	TAX (Page 1 of)	r
REV &	4 0017 (1/3/17)	2017300	*	*18 <sup>10</sup>
	•	JAN <b>25</b> 2017	<b>√</b>	gur Seriesti

Amount Paid \$ Skagit Co. Treasurer
By #B Deputy

<i></i>	
Full name, age, relationship, address	
Full name, age, relationship, address	<del>_</del>
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Full name, age, relationship, address	
<u> </u>	
Full name, age, relationship, address	
Full name, age, relationship, address	

Dated: 1-24-17	
Maesha J Zot	<u>+</u>
Affiant's full name	
_360: 391-3012_	
Telephone number	<del></del>
4510 BJAKely (	) rive
	Street
HUACOITES	WA 98001
City	State Zip Code
marcha & north	1-24-17
Signature A	Date
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
State of	County of Sharit
I know or have satisfactory evidence that	(name of person)
is the mercen who compound before we are	
affidavit and acknowledged it to be (hist	nd said person acknowledged that (he/she) signed this ner) free and voluntary act for the uses and purposes
mentioned in this affidavit.	
Dated: 34 500 2017	
(SEAL OR	Signature of Notary Public
SIMSSION	Residing at:
The state of the s	Notary Public in and for the State of
EST.	
STAMP LELEY WINDSTON AND THE STAMP OF THE ST	My appointment expires:
WACHING TO	
William Manual M	