



201702230121

Skagit County Auditor

2/23/2017 Page

1 of

4

\$76.00

4:06PM

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT (LACK OF PROBATE)**

GUARDIAN NORTHWEST TITLE CO.

JENNIFER BARTHOLOMEW, being first duly sworn, deposes and says: <sup>113185</sup>

The undersigned affiant/grantee JOHN W. and Kathryn Campbell is a rightful heir, as listed on

heirs at law, to the real property described below, and is Parents/Guardian

of John Charles Campbell, who died on 9/12/16

at Anacortes Skagit Washington

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: LOT 6 & 7 BLK 15A CITY ANACORTES

SEE ATTACHED

Assessor's Property Tax Parcel/Account Number: P56015  
(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 1)

**Schedule "C"**

**Legal Description**

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

Lots 6 and 7, Block 159, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON", according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

Dated: 1-5-2017

John W. and Kathryn Campbell  
Affiant's full name

206-255-2827  
Telephone number

1713 10th Street

Anacortes Street WA. 98221  
City State Zip Code

[Signature]  
Signature

1-5-2017  
Date

State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that JOHN W. CAMPBELL  
(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: 1.5.17

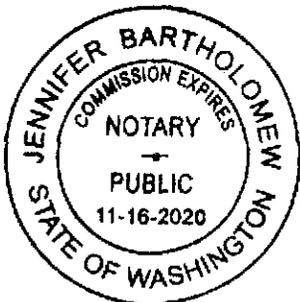
[Signature]  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: COUPEVILLE

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: \_\_\_\_\_



N/A

Full name, age, relationship, address

UNOFFICIAL DOCUMENT