Skagit County Auditor 3/7/2017 Page

1 of

\$76.00 4 2:52PM

Return Address:

18859 Queil Drive

Mount Versen, Litch,

18274

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Oyce A. The Name of Affiant	
deposes and states as follows: That they are a rightful heir as	fisted on nears at law, to the real
property described below, and is	ationship to decedent
	, who died on 3-28-2011
of Allen L. Themps of Decedent/Grantor at Angeontes skagit City County	Wash. State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:	
Abbreviated Legal Description: 1-5 BLK 31	3- mc0 af
city of Angeortes	SKAGIT COUNTY WASHINGTON
	REAL ESTATE EXCISE TAX
	20/7873 MAR 07 2017
	Amount Paid \$ Ø
Assessor's Property Tax Parcel/Account Number:	By VI Is a
(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 of predeceased child or adopted child, parents, brothers and siste Affiant hereby identifies all heirs at law of the decedent: (use	ers of the decedent.
necessary)	(Page 1 of)

Joyce A. Thomps	1671 <u> </u>			
Full name, age, relationship, addres	SS	_		
2203 23 rd st.	Angeo	, rtes	1d = 5 h	
		_		
Full name, age, relationship, addres	SS			
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Full name, age, relationship, addre	88	_		
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Full name, age, relationship, addres				
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Full name, age, relationship, addres	55			
Full name, age, relationship, addres	22			
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run name, age, retanonsnip, adare.	33			
Full name, age, relationship, addre.	5.5			
			The same of the sa	
				A STATE OF THE STA

Dated 3/2/201>	
Joyce Arlene	Thompson
Affiant's full name	
360/424 6738	
Telephone number	
2203/23 02 5	t;
Anacortes Wo	Street 98231
City	State Zip Code
louce 1 3 mm By	3/2/201>
Signature 1146	Date
43 ATTOOM	Lin sect
1 m	
	<u></u>
54.4.5	L. C. Sanda
State of	County of Skaat
I know or have satisfactory evidence that	
	(name of person)
is the person who appeared before me, and	d said person acknowledged, that (he/she) signed this
mentioned in this affidavit.	er) free and voluntary act for the uses and purposes
Dated:/	
(SEAL OR	Signature of Natary Public
STAMP)	
	Residing at:
	Notary Public in and for the State of
	My appointment expires:/

ATTACHED TO AFFIDAVIT (LACK OF PROBATE) DATED 3/2/17

STATE OF WASHINGTON	}
COUNTY OF SKAGIT	_} }
COUNT OF SKAGE	
On this 2nd day of March, 2017	before me personally appeared Allan L.
Thompson, Jr.	_, to me known to be the individual described in and
who executed the foregoing instrument	as Attorney in Fact for Joyce A.
Thompson	and acknowledged that he signed and
	and deed as Attorney in Fact for said principal for the
	stated that the Power of Attorney authorizing the
	and that the said principal is now living, and is not
incompetent.	
Given under my hand and official seal the day and ye	ar last above written.
(Seal)	
	elley Miner
	wary Public in and for the State of Washington
Rê	siding at Mount Vernon
M	y appointment expires: 5/15/19
SHELLEY WALL	
MISSION	
NO NO NO SEE THE	
THE COLOR OF	
1 O Min 15-19	
STATE OF SHINGTON	
William ASHINO	
with the same of t	