

Skagit County Auditor 4/21/2017 Page

1 of

\$75.00 3 3:40PM

Return Address:	
Jack F. Withrow	
8245 Cedar Chase	_
Fountain, CO 80817	_
	_

REV 84 0017 (1/3/17)

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jack F. Withrow , being first duly every
Name of Afficus
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is surviving spouse
Relationship to deceded
of Carol A. Withrow
Decedent/Grantor , who died on June 9, 2013
at 8245 Cedar Chase Drive, Fountain, CO
City County
State
REAL PROPERTY SUBJECT TO THE AFFIDAYET:
Abbreviated Legal Description, T-1 500 gr
Abbreviated Legal Description: Lot 502, Shelter Bay, Div. 3
Assessor's Property Tax Parcel/Account Number: P128870
(Attach full legal description of the property)
Decedent left no Last Will and Testament.
Vocata i i o i
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.
oredeceased 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
iccessary)
(Boot of the Control

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Full name, age, relationship, address	
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8248 Codya Chase Dr.	
Fountain, CO 80817	
Full name, age, relationship, address	
Andrea P Subacinski (43) days to	
Andrew P Soborinski (43) daughter 8245 Cedar Chase Dir Fourtain, (Co Full name, age, relationship, address	909/0
Full name, age, relationship, address	00017
Emily T Without (40) douglas	
Full name, age, relationship, address  Em.ly T With your (40) daughted  429 5 32/14 PV #28 Federal City  Full name, age, relationship, address  98003	
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and a second	Dated: Copiel 20, 2	017						
4	Look & Withrow							
	Afficient's full name (360) 466 - 9997							
Telephone number								
	_8245 Cedar (							
	Fountains	Street	CO	808/7				
	City	State		Zip Code				
	Jank Hill House	>	On.	120,2017				
	Signature		- Upin	Date 2011				
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	State of Washingen		_County of	aget				
				J				
	I know or have satisfactory evidence that	STACK	T this	heon				
		<u> </u>	(name of per	son				
	is the person who appeared before me, and affidavit and acknowledged it to be this he mentioned in this affidavit	d said perso	n acknowledged ti	nat (he/she) signed this				
	mentioned in this affidavit.	er) nee and	voluntary act for the	e uses and purposes				
	Dated: 4 / 20 /17		1 mod S	alcho O				
	(SEAL OR		Signature of No	tary Public				
	L. FRYON	Residing a	: pat Verno					
	SE COLHISSION ELSE TE	Residing at: Mary Public in and for the State of Washington  My appointment expires: 21518						
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	ON PUBLIC	My appoin	tment expires	12/18/1/				
	PUBLIC 02-15-2018 OF WASHINGTO							
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