



Skagit County Auditor 5/31/2017 Page

\$76.00 1 of 4 9:29AM

WHEN RECORDED RETURN TO:

David W. Dormans 6803 Big Cedar Lane Anacortes, WA 98221

DOCUMENT TITLE(S):

Lack of Probate Affidavit

Land Title and Escrow

02-162727-0E

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Tamera J. Dormans, deceased

GRANTEE:

David W. Dormans

ABBREVIATED LEGAL DESCRIPTION:

PtN Lots land 2, BIK 9, Nelson's Add

TAX PARCEL NUMBER(S):

P122532

Return Address: DAVID DORMANS **STACHT COUNTY WASHINGTON** 6803 BIG CEDAR LN. **REAL ESTATE EXCISE TAX** 20112360 ANACORTES, WA MAY 31 2017 98221 Amount Paid SO Skagit Co. Treasurer By Mim Deputy **AFFIDAVIT (LACK OF PROBATE)** David Donne of Affiant, being first duly sworn The undersigned affiant/grantee 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 Relationship to decedent who died on REAL PROPERTY SUBJECT TO THE AFFIDANIT: Abbreviated Legal Description: TO ANAGORAS WA as per plat recorded in volume of Plats, pg. 102, records of stragit (ounty Washing ton Assessor's Property Tax Parcel/Account Number: 3807-009-001-0100 P122532 (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

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necessary)

DOUID DORMANS, 57 y.O., HUSBAND,	6913 BIGGEDAR LAWE,
Full name, age, relationship, address	
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Dated 5/25/17 Date Date Date December Street Applicants full name Cho. 299-0505 Telephone number Street Applicants Street Applicants Street Street State Zip Code Signature Date State of County of County of (name dy 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.
Affiant's full name CLO 299 0505 Telephone number Street AND COUNTY Signature State County of I know or have satisfactory evidence that (name of ferson) 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
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affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes
mentioned in this affidavit.
Dated: 5/85/3011 Signature of Notary Public
(SEAL OR
STAMP)
Residing at:
Residing at: Notary Public in and for the State of My appointment expires: My ASHING MASHING
My appointment expires:
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Or Manufactor