



201707120038

Skagit County Auditor

\$74.00

7/12/2017 Page

1 of

2 11:49AM

After recording, return to:
Maxine C. Roose
142 Libby Street
Sequim, WA 98238

CHICAGO TITLE 026031466

Grantor (Name of Decedent): Maxine C. Roose Robert Ray Roose
Grantee (Heirs): Maxine C. Roose
Abbreviated Legal Description: Lot(s): PTN LOT 59 ISLAND VIEW PARK Tax/Map ID(s):
Tax Parcel No.(s): P57590 / 3798-000-059-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Clallam

The undersigned, Maxine C Roose, executes this affidavit relating to the estate of Robert Ray Roose (herein "Decedent"), who died on November 9, 2010 in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, County of Skagit, State of WA. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____, [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.

Affidavit (Lack of Probate)
WA0000080.doc / Updated: 11.14.16

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20173160
JUL 12 2017

Printed: 07.06.17 @ 09:32 AM by TV
WA-CT-FNRV-02150-020019-020031466

Amount Paid \$ 0
Skagit Co. Treasurer
By Mum Deputy

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

☐ other (identify): _____

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Maxine C. Roose, Spouse

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Lot 59, EXCEPT the Est 5 feet thereof, ISLAND VIEW PARK, according to the plat thereof recorded in Volume 7 of Plats, page 38, records of Skagit County, Washington;

Situated in Skagit County, Washington.

5. **Status of the Will (if any)**

☐ The decedent left a Will that devises real property.

☒ The decedent left no Will that devises real property.

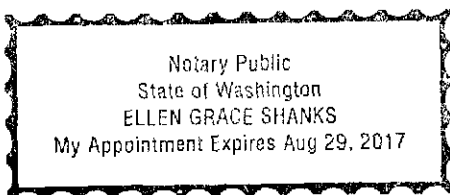
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Maxine C. Roose
by Linda G. Johnson, as Attorney in Fact 7-7-17
Signature Date
Maxine C. Roose,
by Linda G. Johnson, as Attorney in Fact.
Print Name

State of Washington

County of Clallam

Signed and sworn to (or affirmed) before me on July 7, 2017 by _____
Linda G. Johnson (name of person making statement)



Ellen Grace Shanks
Name: Ellen Grace Shanks
Notary Public in and for the State of Washington.
Residing at: Sequim, WA
My appointment expires: 08/29/2017