

Return Address:

RAND WOOD  
722 NORTH 6TH ST  
MOUNT VERNON, WA 98273



201707210034  
Skagit County Auditor

7/21/2017 Page

1 of

\$75.00

3 10:43AM

**AFFIDAVIT (LACK OF PROBATE)**

114059  
GUARDIAN NORTHWEST TITLE CO.

The undersigned affiant/grantee RANDOLPH A. WOOD, being first duly sworn  
*Name of Affiant*

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 SON  
*Relationship to decedent*

of BECKY WOOD, who died on JAN. 18, 2017  
*Decedent/Grantor* *Date*

at MOUNT VERNON SKAGIT WA. 98273  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: \_\_\_\_\_

Lot 1, Block 5, Pape's Addition to Mt. Vernon

Assessor's Property Tax Parcel/Account Number: P54022  
(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 \_\_\_\_\_)

Full name, age, relationship, address

RANDOLPH A. WOOD AGE 70 SON 722 N. 6TH ST.  
MOUNT VERNON, WA. 98273

Full name, age, relationship, address

HAROLD W. WOOD AGE 66 SON  
3208 SHELLEY HILL RD, MOUNT VERNON, WA. 98274

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 7-17-17

RANDOLPH A. WOOD

Affiant's full name

360-708-6957

Telephone number

722 N 6TH ST.

MOUNT VERNON WA, 98273

City

State

Zip Code

Randolph A. Wood

Signature

7-17-17

Date

State of WA County of Skagit

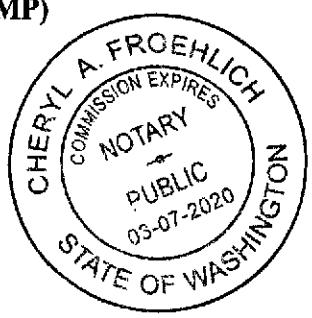
I know or have satisfactory evidence that Randolph A. Wood  
(name of person)

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: 7/17/17

[Signature]  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3/17/20