



201710160233

Skagit County Auditor

\$128.00

10/16/2017 Page

1 of

5 3:54PM

Document Title: Leach of Probate

Reference Number: 164247

Grantor(s): additional grantor names on page ___

1. Oray Veronica Mikkelsen

2.

Grantee(s): additional grantee names on page ___

1. Cynthia O. Galyan

2.

Abbreviated legal description: full legal on page(s) ___

Lt 29 Kingsgate Division #2

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P 81055

I, Dana Bramels, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$74.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Dana Bramels Dated 10-16-17

Return Address:

LAND TITLE COMPANY
111 E. GEORGE HOPPER ROAD
BURLINGTON, WA 98233

4

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Cynthia O. Galvan, 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 Daughter
Relationship to decedent

of ORAY VERONA MIKKELSEN, who died on Oct. 19, 2016
Decedent/Grantor *Date*
at Burlington Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____
Lot 29, KINGSGATE DIVISION NO. 2

Assessor's Property Tax Parcel/Account Number: 4385-000-029-0004; P81055
(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)

Full name, age, relationship, address

ROGER MIKKELSEN (76) 3697 HILLSIDE TRAIL S.
COTTAGE GROVE, MINN. - BROTHER

Full name, age, relationship, address

RONALD LEROY MIKKELSEN (72) - BROTHER
P.O. Box 69 HALF MOON BAY, CA. 94019

Full name, age, relationship, address

JAMES SLETTEN - BROTHER (49) 8421 237TH AVE. NE
STACY, MINN 55079.

Full name, age, relationship, address

GREGORY GEORGE MIKKELSEN (67) - BROTHER
P.O. Box 607
FOREST FALLS, CA

Full name, age, relationship, address

DIANE LYNN MIKKELSEN (63) - SISTER -
3548 BRYNHURST DR.
RIVERSIDE, CA.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: Oct 16, 2017

CYNTHIA O GALVAN
Affiant's full name

560-770-3976
Telephone number

P.O. Box 735
Street

Mt. VERNON WA 98273
City State Zip Code

Cynthia O Galvan Oct 16, 2017
Signature Date

State of WASHINGTON County of SKAGIT

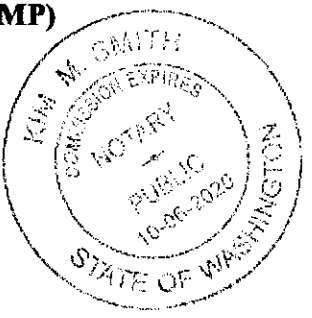
I know or have satisfactory evidence that CYNTHIA O GALVAN
(name of person)

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: 10/16/17

Kim M. Smith
Signature of Notary Public

(SEAL OR STAMP)



Residing at: MOUNT VERNON

Notary Public in and for the State of WASHINGTON

My appointment expires: 10/6/2020

Schedule "A-1"

01-164247-OE

DESCRIPTION:

Lot 29, "PLAT OF KINGSGATE, DIV. NO. 2," as per plat recorded in Volume 12 of Plats, page 34, records of Skagit County, Washington.

Situate in the City of Burlington, County of Skagit, State of Washington.