· ·			
Return Address:			
ANACORTEC WA P221 SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX	Skagit County Au 11/3/2017 Page	ditor 1 of	\$76.00 3 10:36AM
NOV 0 3 2017 Amount Paid S Skagit Co. Treasurer By Main Deputy The undersigned affiant/grantee MEUSA W	GUARDIAN NORT	111166	co.
	of Affiant heir as listed on heirs at la		
of ANDREW MICHAELLEF Decedent/Grantor at SEATTLE KING City County	Relationship to decedent	le 29/1- Date WA State	7
REAL PROPERTY SUBJECT TO THE AFFIDA Abbreviated Legal Description: <u>LDT 140</u> , PER PLAT PECOPDED 1	SKILLINE NO	B, AS	
PLATS, PAGES 72, 73 OF SKAGIT (OVNTY, W	ANDTHE	ELORDO N.	 2
Assessor's Property Tax Parcel/Account Numbe (Attach full legal description of the property)	r: P52800	<u> </u>	
Decedent left no Last Will and Testament.	AS NOT been Bucketed	Pavola	~
□ Decedent left a Last Will and Testament which HA "Heirs at law" includes surviving spouse, children, ad predeceased child or adopted child, parents, brothers a Affiant hereby identifies all heirs at law of the decede necessary)	lopted children, issue of and sisters of the decedent.		
REV 84 0017 (1/3/17)			

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The affiant further states the following: 1) the value of the decedent's estate at death was \$ 2) All expenses of the last illness and funeral have been paid and their are no creditor's claims against his estate 3) The decedent received NO assistance from the State of Washington for nursing home armedical care or related matters. Affiant's initials Full name, age, relationship, address , WIR 4915 Heather Dire Anacones, WA 98221 MAISSA oFarl Full name, age, relationship, address Full nune, age, relationship. address

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1200107	
Bated: 10[31]11	
MELICSA M. LEF Affiant's full name	AVE
546-357-2775	}
Telephone number	2
1715 HEATHER	
ANACORTES	WA 9822-1
A Pity	State Zip Code
Mhon Ella	10/31/17
Signature	*Date
	7/ .
·	
State of WASHI MERTON	County of SKADIT
	()
I know or have satisfactory evidence that	MELLSATA LEFAVE
is the person who appeared before me, an	d said person acknowledged that (he/she) signed this
affidavit and acknowledged it to be (his/h mentioned in this affidavit.	ner) free and voluntary act for the uses and purposes
Dated: 10/3//17	
Dated; IO / S / / I	Signature of Notary Public
STAMPA WALSA	A DOULOULAR
ALL AND A PHALIC	Residing at: ANALOVIES
COMM, EXPIRES	Notary Public in and for the State of
OCT. 28, 2020	My appointment expires: $10/28/20$
THE OF WASHING	
Dated: 10 /-3 / 1 ((SEAL OR STAMPANINA M WALSA NOTARY PUBLIC COMM. EXPIRES OCT. 28, 2020	Sum / Augure A
REV 84 0017 (1/3/17)	