Return Address:	201802260127				
	Skagit County Auditor 2/26/2018 Page	1 of	\$75.00 2 3:08PM		
Order Number 01-166228-OE					
State of Washington					
County of Skagit					
Land Title and Escrow LACK OF PROBATE AF	<u>FIDAVIT</u>				
BEFORE ME, this undersigned authority, on this day personally a	ppeared Elaine Desmarais	Affiant(s)), being by me		
first duly sworn upon his/her oath, did depose and say:					
1. This affidavit is made pursuant to RCW 82.45.197.					
The full name of the decadent is: Alfred Panis Decembrais					

- The decedent died on March 22, 2016 (date) at Mount Vernon (City), Skagit (County), Washington (State).

2 3:08PM

My/ Our relationship to the decedent is as follows:

Surviving Spouse

- 5. I am We are the rightful heirs to the property described herein.
- Decedent left no last Will; or X Decedent left a Will that is not being probated.
- 7. The property subject to this affidavit is described as (see Exhibit A attached hereto).

Abbreviated legal: Lot 13, Hall Place 2nd Add.

Lot 13, "HALL PLACE SECOND ADDITION," as per plat recorded in Volume 15 of Plats, pages 63 and 64, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Tax ID Number: P102307

- 8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
- 9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
Elaine Desmaris	81	Surviving
		Spouse

I	Exfl Name	Age	Relationship					
Angele Control	Dennis Desmarais	59	Son					
F	tid Name	Age	Relationship					
	PILIA							
Ē	Sabert Desmarais	56	So n Relationship					
E	Laurie Ardnt	54 Age	Relationship					
1	A A A A A A A A A A A A A A A A A A A	Age						
	Van Vesmarais	50	Son					
_	Full Name	Age	Relationship					
	Dated February	,21	6,2018					
	Chited recommend							
	· · · · · · · · · · · · · · · · · · ·							
Z	Glaine Wesmarais							
Ā	Affiant's Signature							
	Elaine Desmarais							
Printed Name of Affiant								
Address								
State of: Washington County of: Sangit								
County of: Saurit								
I	certify that I know or have satisfactor	ry evider	nce that Elains Dosmanais is the person who					
appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be								
(his/her) free and voluntary act for the uses and purposes mentioned in the instrument.								
т	m. 60. 000	/ O -	Ka Paola (C)					
L	Dated: February 26, 20	<u>(</u>	ignature					
Distriction of the second of t								
We Tany Jubil								
	AND THE STORY OF THE PARTY OF T		0 11 2018					
	NOTAPL ST	M	1y appointment expires: 9-11-2018					
	Seal Ap Stamp							
Signature Notan, Public Title NOTAN NOTAN NOTAN WASHING WAS								
	WASHING THE							
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