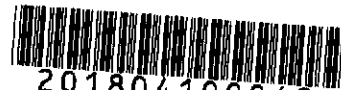


After Recording, please return to:

Land Title & Escrow of Skagit & Island County
111 E George Hopper Rd.
Burlington, WA 98233



201804100049

Skagit County Auditor

4/10/2018 Page

1 of

3 3:08PM

\$76.00

Land Title and Escrow

02-163989-0E

Recording Cover Page

Document Title(s) (for transactions contained therein): 1. LACK OF PROBATE AFFIDAVIT 2. 3. 4.	
Reference Number(s) of Documents assigned or released: (on page ____ of documents(s))	
Grantor(s) 1. PATSY M SMITH 2. 3. 4.	
Additional Names on page	of document.
Grantee(s) 1. GARY C SMITH 2. 3. 4.	
Additional Names on page	of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) Lot 5, Sunset West	
Additional legal is on page	of document.
Assessor's Property Tax Parcel/Account Number 4028-000-005-0005, P69924	
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	

Return Address:

Gary C Smith

204 Woodside Dr

Baytown, TX 77520

Order Number: 02-163989-OE

State of Washington

County of Skagit

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Gary C Smith,
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.
2. The full name of the decedent is: Patsy M Smith
3. The decedent died on 11/29/14 (date) at Anacortes (City), Skagit (County), Washington (State).
4. My/ Our relationship to the decedent is as follows:
Spouse
5. ☒ I am/ We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or ☒ 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 5, "SUNSET WEST," as per plat recorded in Volume 9 of Plats, pages 98 and 99, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Tax ID Number: P 69924

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	
Gary C Smith	84	Spouse	

Full Name	Age	Relationship
Laurie Schutz	59	Daughter
Full Name	Age	Relationship
Kimberly Plant	57	Daughter
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

Gary C Smith
Affiant's Signature

GARY C SMITH
Printed Name of Affiant

Address

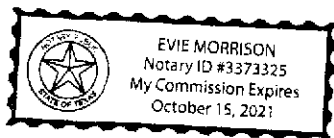
State of: **TEXAS**

County of: **HARRIS**

I certify that I know or have satisfactory evidence that Gary C Smith 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.

Dated: 4 - 4 - 2018

[Signature]
Signature



Evie Morrison-Notary ID #3373325
Title

My appointment expires: 10-15-2021

Seal or Stamp