

Skagit County Auditor  
4/16/2018 Page

1 of

\$76.00  
3 12:47PM

Return Address:

612 Northern  
Ave Sedro Woolley  
WA. 98284

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Robert J Sexton, 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 Esther A Sexton, who died on 3-8-18  
Decedent/Grantor Date

at Anacortes Skagit Washington  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOTS 1-5 BLOCK 191  
CITY OF ANACORTES

Assessor's Property Tax Parcel/Account Number:  
(Attach full legal description of the property)

P56181

☐ 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 \_\_\_\_\_)

Robert J Sexton - Son

812 Northern ave Sedro Woolley wa.  
98284

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 4-16-18

Robert T John Sexton

Affiant's full name

435 850-7711

Telephone number

612 Northern ave

Sedro Woolley

Street  
Wn.

98284

City

State

Zip Code

[Signature]

Signature

4-16-18

Date

State of WA

County of Skye?

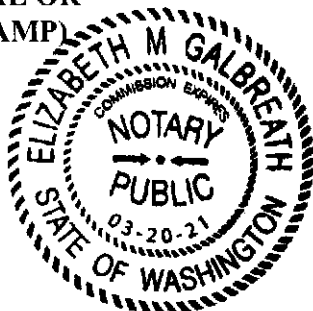
I know or have satisfactory evidence that

Robert John Sexton  
(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: 4/16/18

(SEAL OR  
STAMP)



[Signature]  
Signature of Notary Public

Residing at: Cannon Island

Notary Public in and for the State of WA

My appointment expires: 3/21