

Return Address:

SHARON A. SUMMERS-JOHNSON
16429 3RD DRIVE SE
BOTHELL, WA 98012

201808310063

08/31/2018 10:46 AM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

GUARDIAN NORTHWEST TITLE CO.
AFFIDAVIT (LACK OF PROBATE)

Sharon

A116392

The undersigned affiant/grantee SHARON A. SUMMERS-JOHNSON, 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 SPOUSE
Relationship to decedent

of JEFFREY ALAN JOHNSON, who died on 8-27-2011
Decedent/Grantor Date

at SEATTLE KING WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOTS 60, 61 & 62 BLOCK 6
HOLIDAY HIDEAWAY NO. 1

Assessor's Property Tax Parcel/Account Number: P66021, P66022, P66023
(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)

(Page 1 of _____)

NONE

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: 8-29-18

Sharon A. SUMMERS-JOHANSON

Affiant's full name

Telephone number

16429 3RD DR. SE BOTHELL, WA 98012

Street

City

State

Zip Code

SEE ATTACHED

Signature

Date

State of _____ County of _____

I know or have satisfactory evidence that _____
(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: ____ / ____ / ____

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____ / ____

RETURN TO:

Name: Sharon A. Sumners-Johnson
Address: 16429 320 Dr. SE
City/State: Bothell WA 98012
Zip Code: _____

LACK OF PROBATE AFFIDAVIT

The affiant is the spouse of Jeffrey Alan Johnson
(relationship to decedent) (decedent)

who died August 27, 2018 at Seattle
(date of death) (city)

State of WASHINGTON. On said date, the decedent's legal residence was

16429 320 Dr. SE, in Bothell, Snohomish
(address) (city) (county)

WASHINGTON, 98012
(state) (zip code)

ATTACHED HERETO IS A COPY OF THE DECEDENT'S DEATH CERTIFICATE.

THE DECEDENT LEFT:

- (☒) No Will and No Community Property Agreement; OR
- (☐) A Community Property agreement recorded in _____ County as Auditor's File Number _____ in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; OR
- (☐) An unprobated and unrevoked will, a copy of will is attached hereto; OR
- (☐) A will which is being/was probated in _____ County, State of _____ as Superior Court Cause No. _____

The Affiant declares that on the date of death the total value of the decedent's entire Estate was approximately \$ 10,000 of which approximately \$ 10,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: NONE(☒) OR those shown on an attachments hereto ().

The Affiant further declares that the decedent had () OR had never (☒) received from the State of Washington , assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant declares that the following are all the heirs of the decedent (heirs being Surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers, sisters of the decedent, including those not inheriting part of the decedent's estate):

LEGAL NAME	AGE	RELATIONSHIP	ADDRESS
None			

(ATTACH ADDITONAL SHEETS IF NECESSARY)

The Affiant makes this affidavit to induce First American Title Insurance Company and its Agents Guardian Northwest Title and First American Title of Island County to issue its policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold First American Title and its Agents Guardian Northwest Title and First American Title of Island County harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Sharen A. Summers Johnson 8/29/18
(Affiant's legal name) (Date of Affidavit)

16429 3RD DR. SE, BOTHELL WA 98012
(Affiant's legal address)

Sharen A. Summers Johnson
(Affiant's Signature)

(See Notary Acknowledgement on Next Page)

State of Washington
County of Skagit } SS:

On this day personally appeared and sworn before me Sharon A. Summers Johnson
I certify that I know or have satisfactory evidence that she is the
person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and
acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: 8/24/19

Notary Public in and for the State of Washington WW
Residing at Ellensburg
My appointment expires: 2/9/19

(seal)

(intentionally left blank)

