

Return Address:

Jeffrey L. Kucera, heir

7525 N Center Ct

Concrete, WA 98237



201902050077

02/05/2019 02:49 PM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

Land Title and Escrow

01-167188-  
06

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Francine Kucera, 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 daughter

*Relationship to decedent*

of Jacquelen Lee Kucera, aka Jacqueline L. Renn, who died on 9/14/2017

*Decedent/Grantor*

*Date*

at Sedro Woolley

Skagit

WA

*City*

*County*

*State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lots 27 and 28, Block F, "CAPE HORN ON THE SKAGIT", as per plat recorded in Volume 8 of Plats, pages 92 through 97, inclusive, records of Skagit County, Washington. Situate in the County of Skagit, State of Washington.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019287  
FEB 05 2019

Amount Paid \$ 0  
By BT Skagit Co. Treasurer  
Deputy

Assessor's Property Tax Parcel/Account Number: P63109, P63108  
(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 6)

Francine Kucera, daughter, age 55

41507 Center St., Concrete, WA 98237

*Full name, age, relationship, address*

Richard D. Kucera, Jr., son, age 52

14617 46th Ave NE, Marysville, WA 98271

*Full name, age, relationship, address*

Jeffrey L. Kucera, son, age 51

7525 N Center Ct, Concrete, WA 98237

*Full name, age, relationship, address*

Deanna Edmonds, daughter, age 48

3425 Orange Ave, #37, Oroville, CA 95966

*Full name, age, relationship, address*

*Full name, age, relationship, address*

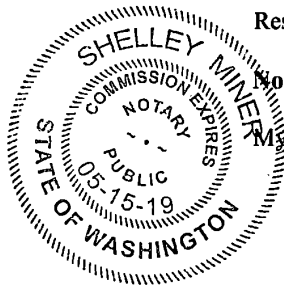
*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated : January 29, 2019Francine Kucera*Affiant's full name*(360) 391-9193*Telephone number*41507 Center StConcrete*City**Street*WA*State*98237*Zip Code*Francine Kucera*Signature*1/31/19*Date*State of WashingtonCounty of SkagitI know or have satisfactory evidence that Francine Kucera*(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: 1/31/19[Signature]*Signature of Notary Public*(SEAL OR  
STAMP)Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 05/15 /2019

Dated : January 29, 2019Jeffrey L. Kucera

Affiant's full name

(425) 219-5439

Telephone number

7525 N Center CtConcrete

City

Street  
WA

State

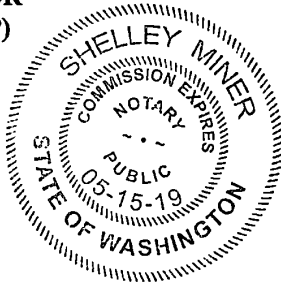
98237

Zip Code

Jeffrey L. Kucera  
Signature1-31-19  
DateState of WashingtonCounty of SkagitI know or have satisfactory evidence that Jeffrey L. Kucera

(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: 1/31/19[Signature]  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 05/15 /2019

Dated : January 29, 2019Richard D. Kucera, Jr.

Affiant's full name

(425) 319-2622

Telephone number

14617 46th Ave NEMarysville

City

Street

WA

State

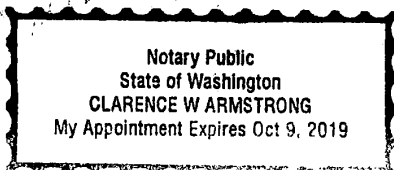
98271

Zip Code

Richard D. Kucera, Jr.  
Signature01/30/19  
DateState of WA County of SnohomishI know or have satisfactory evidence that Richard D. Kucera, Jr.

(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: 01 / 30 / 2019(SEAL OR  
STAMP)Clarence W. Armstrong  
Signature of Notary PublicResiding at: Snohomish CountyNotary Public in and for the State of WAMy appointment expires: 10/09/2019

Dated : January 29, 2019

Deanna Edmonds

*Affiant's full name*

(360) 296-1239

*Telephone number*

3425 Orange Ave, #37

Oroville	Street CA	95966
<i>City</i>	<i>State</i>	<i>Zip Code</i>

*Deanna Edmonds*  
*Signature*

1/31/19  
*Date*

State of \_\_\_\_\_ County of \_\_\_\_\_

I know or have satisfactory evidence that Deanna Edmonds

*(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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

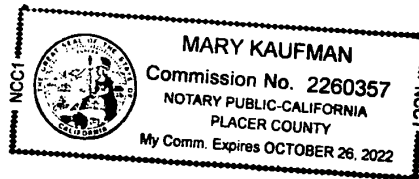
State of California

County of Butte

Subscribed and sworn to (or affirmed) before me on this 31 day of January, 2019 by Deanne Edmonds

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]  
Signature (Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit Lack of Probable  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 3 Document Date 1/31/19

Additional information

## INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- ☒ State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- ☒ Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- ☒ Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- ☒ Signature of the notary public must match the signature on file with the office of the county clerk.
- ☒ The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ☒ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ☒ Indicate title or type of attached document, number of pages and date.
- ☒ Securely attach this document to the signed document with a staple.