Return Address:		
	201905230036 05/23/2019 11:34 AM Pages: 1 of 2 Fees: \$100.00 Skagit County Auditor	
Order Number: 02-161181-OE	M21953	
State of WASHINGTON		
County of SKAGIT	ACCOMMODATION RECORDING ONLY	
	LACK OF PROBATE AFFIDAVIT	
	hority, on this day personally appearedSTEVEN D NEITZEL, , being by me first duly sworn upon his oath, did depose and say:	
1. This affidavit is made pursu	uant to RCW 82.45.197.	
2. The full name of the decede	ent is:NINA LEIGH NEITZEL	
3. The decedent died on _5-17 (State).	7-18 (date) at _Seattle(City),King(County), Washington	
4. My relationship to the dece	edent is as follows:	
SPOUSE		
5. I am/ We are the rightful heir	rs to the property described herein.	
6 Decedent left no las	t Will; or Decedent left a Will that is not being probated.	
•	ffidavit is described as (see Exhibit A attached hereto)	
Abbreviated legal:		
Lot 44, HORIZON HEIGHTS DIV	IV., Skagit County, Washington.	
Tax ID Number:4676-000-04	14-0000	
	at a certified copy of the deceased Death Certificate will prior to recording if required by the County.	
9. The deceased is survived by t	he following heirs:	

Relationship SPOUSE

Age 5∠

Full Name STEVEN D NEITZEL

Full Name	Age	Relationship
ASHLEIGH NEITZEL	24	DAUGHTEL
Full Name	Age	Relationship

DATED this 21st day of May, 2019

Dated: __May 21 , 2019

DIANE M MILLS NOTARY PUBLIC STATE OF WASHINGTON

My Commission Expires May 9, 2021 Seal or Stamp

1- 1 m-0
Affiant's Signature
STEVEN D. NEITZEL Printed Name of Affiant
1911 36TH STREET
ANACRTES, UA 98221 Address
State of: WASHINGTON
County of:SKAGIT
I certify that I know or have satisfactory evidence thatSteven D Neitzel is the person who appeared before me and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Notary for the State of Washington

My appointment expires: __May 9, 2021