



201907080088

07/08/2019 03:44 PM Pages: 1 of 4 Fees: \$104.50  
Skagit County Auditor

Return Address:

William L. Kearns  
Apt 220  
900 W Alpine Way  
Shelton, WA 98584-1234

GUARDIAN NORTHWEST TITLE CO.

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William Lloyd Kearns being first duly sworn  
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Husband  
Relationship to decedent  
of Bonnie Louise Kearns who died on 04-24-2014  
Decedent/Grantor Date  
at Anacortes SKAGIT WA  
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

SKYLINE NO. 17 - CONDOMINIUM LOT 100.7415

Assessor's Property Tax Parcel/Account Numbers: (List All)

PROPERTY ID 60191

(Attach full legal description(s) of the property)

☐ Decedent left no Last Will and Testament and no Community Property Agreement; or

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or

☐ Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or

☐ Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_

COPY OF LAST WILL HAS NOT BEEN LOCATED.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

William Lloyd Kearns 93 Husband  
Full name, age and relationship

900 W. Alpine Way Apt. 220 Shelton, WA 98584  
Address City State Zip

William Michael Kearns 64 Son  
Full name, age and relationship

1986 E. Harder Rd. Ritzville, WA 99169  
Address City State Zip

Susan Marie Johnson 63 Daughter  
Full name, age and relationship

921 E. Mason Lake Dr. E. Grapewick, WA 98546  
Address City State Zip

Sandra Colleen Lehning 59 Daughter  
Full name, age and relationship

9823 40<sup>th</sup> Pl. SE Lake Stevens, WA 98258  
Address City State Zip

Teresa Louise Tockers 56 Daughter  
Full name, age and relationship

9830 - 198<sup>th</sup> St. E. Graham, WA 98338  
Address City State Zip

Carol DAMERON 78 SISTER  
Full name, age and relationship

23650 - 7<sup>th</sup> Ave. SE. Des Moines, WA 98198  
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 400,000 of which approximately \$ 0 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 (X) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never (X) 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 makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their 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 Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 1 July 2019

WILLIAM L. KEARNS 360-462-3344  
Affiant's full name Telephone number  
900 W. Alpine Way Apt. 220 Shelton, WA 98584  
Street City State Zip Code

State of WA County of MASON

I know or have satisfactory evidence that William L. Kearns  
(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: July 1, 2019 Lindsay Phipps  
Signature of Notary Public

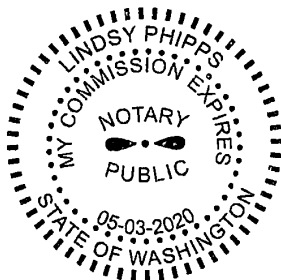
(SEAL OR STAMP)

Residing at Shelton

Notary Public in and for the State of WA

My appointment expires: May 3, 2020

(Based on REV 84 0017 (1/3/17))



**EXHIBIT A**  
**LEGAL DESCRIPTION**

Property Address: Skyline No 17, Anacortes, WA 98221  
Tax Parcel Number(s): P60191 & 3830-000-100-0009

Property Description:

The Land referred to herein below is situated in the County of Skagit, State of Washington, and is described as follows:

Unit 100, "SKYLINE NO. 17", a Condominium, according to the amended Declaration thereof under Auditor's File No. 8412270054, records of Skagit County, Washington, recorded in Volume 9 of Plats, pages 101 and 102, as amended in Volume 6 of Surveys, pages 34 and 35, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington