Return Address:

Guardian NW Title 3202 Commercial Are. Anacortes, UA 98221

GUARDIAN NORTHWEST TITLE CO. AFFIDAVIT (LACK OF PROBATE) 19-2317

The undersigned affiant/grantee Joure L. Worge, being first duly sworn
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 wife.
D. Letter and Leave described
at 107 email MONTAUH.
City County State REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties) Abbreviated Legal Descriptions:
Luit 1509 Westside Condominium
Assessor's Property Tax Parcel/Account Numbers: (List All)
4880-000-509-0000
(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-inCounty as
Auditor's File-No in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; or
antumecorded 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.

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):

Full name, age and relationship	Callis, d	aughter, a	2ae 47	
Full name, age and relationship	± 0) //	7	
1140 S. Pine	crest, Boze	man, MT.	59715	
Full name age and relationship	zaugu iest, a	ge Til	<u> </u>	
Full name age and relationship 3566 N. E. Ha Address	rrisontrive	Issaqual	1. Wa. 9802	9
Address	City	State V	Zip	
Justin M. Mo Full name, age and relationship	rgan, Son,	age 49		
HALL SINCACT	165+ Sa	#6 112	90:11	
4415 S.W.Seat	City	State	<u>l 01 / 6</u> Zip	
			·	
Full name, age and relationship				
Address	City	0		
Addiess	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
	5.9	S.U.I.O	2.,p	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship		·		
, ,				
Address	City	State	Zip	
Pull norm one and adapting the	<u>.</u>			
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. \$ 1,000,000 of which approximately \$ 500,000 was-the-separate-property of the decedent. The Affianat 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 attachment-(s)-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 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. State of County of Callatin I know or have satisfactory evidence that Louce (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: <u>September 10</u>, 2019 (SEAL OR STAMP) Residing at Rozeman, M Notary Public in and for the State of TRENT BOIE Notary Public for the State of Montana My appointment expires: 01 18, 2023

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

Residing at BOZEMAN, MT My Commission Expires

January 18, 2023