201909200056 09/20/2019 10:37 AM Pages: 1 of 4 Fees: \$108.50 Skagit County Auditor

Return Address:

Guardian NW Title 3202 Commercial menue Arcecortes, wa 98221 19-3189-KS.

AFFIDAVIT (LACK OF PROBATE) /C GUARDIAN NORTH	1-3189
The undersigned affiant/grantee Dickson, being first duly s	sworn
Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the	ne real
Property described below, as is	
of filed become Dickson who died on the	2.12.16.
Decedent/Grantor _	Date
City County State	
REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)	
Abbreviated Legal Descriptions:	
LOT 3 BLOCK 7, DIVISION 1, PLAT OF	
HOLIDAY HIDEAWAY	
7100.001	
Assessor's Property Tax Parcel/Account Numbers: (List All)	
Pld6063	
3926-667-003-0007	
(Attach full legal description(s) of the property)	
(common rum rogan accompand)	
Decedent left no Last Will and Testament and no Community Property A	greement; or
✓ Decedent left a Last Will and Testament which HAS NOT been Probated	l 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 an unrecorded agreement which has been attached hereto; or	ig 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.	_ County,

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):

Matthew D	sckson	, SoN.		
Full name, age and relationship	_		· · · · · · · · · · · · · · · · · · ·	
20037 Carps	2+ 12d., F	ochester	- ust	
Address		State	Zip	
moure Dicks	<u>on son</u>			
Full name, age and relationship				
· 17010 Sawy	r St. SE	. Monroe	. WA 982	72
Address		_	Zip	
Melissa Val	eant da	ughter		
	J	0		
23825 Porac	disc lak	<u>د الحط، 200</u>	minnie,	M97072
		State	Zip	
ELIC DICKSC Full name, age and relationship	n 50N		···	
		ne i che i de	00700	
1214. Atenu A	1 Snuhol	MISH, W	78290	
Full name, age and relationship	Tides UL	n carry	<u> </u>	
				ン グ
6123 144th. Address	City	State	WH 9820	<u> </u>
Brittery Wkg Full name, age and relationship	to day	ork text	·	
				
102 N. FREACH	1 St: 1 A1	Cinaton,	Lepa A	
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Total and a second as the second as				
Full name, age and relationship				
Address	City	State	Zip	
Varies	City	Jak	εip	
Full name, age and relationship	-			
. 2				
Address	City	State	Zip	
	-			

(Attach more sheets if necessary)

The Affiant declares that on the date estate was approximately \$ 500, was the separate property of the dec	of death the total value of the decedent's entire of which approximately \$ 250,000 - edent.
Estate, including all expenses of the	l obligations and creditor's claims of the decedent's last illness, funeral and burial have been fully paid ose shown on an attachment (s) hereto ().
the State of Washington, assistance	decedent had () OR had never () received from consisting of nursing facility services, home and espital and prescription drug services, or any type of
Guardian Northwest Title Compa title insurance upon properties ow upon the representations set forth and hold Guardian Northwest Tit	o enable the recording of a deed and to induce my and its underwriters to issue their policies of yned, in whole or part by the decedent in reliance hereinabove. The Affiant agrees to indemnify le Company and its underwriters harmless from eney fees, which it may suffer as a result of said
Dated: 9/19/19	
Dated: 9/19/19 Monta C. Di Usson	425-359-3900
Affiant's full name	Telephone number
Street City	State Zip Code
State of Washington	County of Skeepit
I know or have satisfactory evidence	e that Marta C. Dickson (Name of Person)
	ne, and said person acknowledged that (he/she) signed be (his/her) free and voluntary act for the uses and
Dated: <u>Sept 19</u> , 2019	Signature of Notary Public
(SEAL OR STAMP)	Residing at Wour Verno
KIM M. SMI	Notary Public in and for the State of
NOTARY	My appointment expires: 10 - 6, 20 20
SI PUBLIC	(Based on REV 84 0017 (1/3/17)

EXHIBIT ALEGAL DESCRIPTION

Property Address: 7851 Shaw Street, Anacortes, WA 98221 Tax Parcel Number(s): P66063 & 3926-007-003-0007

Property Description:

LOT 3, BLOCK 7, "DIVISION 1, PLAT OF HOLIDAY HIDEAWAY", AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 36, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Statutory Warranty Deed LPB 10-05

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