

After recording, return to:
Howard A. Sloan



201910110128

10/11/2019 03:41 PM Pages: 1 of 2 Fees: \$104.50
Skagit County Auditor

Grantor (Name of Decedent): Helen A Sloan
Grantee (Heirs): HOWARD A SLOAN
Abbreviated Legal Description: Lot(s): 206, CEDARGROVE ON THE SKAGIT
Tax Parcel No.(s): P64288 / 3877-000-206-0006

CHICAGO TITLE
500089736

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF _____

COUNTY OF _____

The undersigned, HOWARD SLOAN by Diana Sloan guardian of HOWARD SLOAN, executes this affidavit relating to the estate of HELEN SLOAN (herein "Decedent"), who died on 5/4/2014 in the County of KING, State of WASHINGTON, then being a resident of the City of Woodinville, County of KING, State of WASHINGTON.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
☐ other (identify): _____

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 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: HOWARD A SLOAN (spouse)

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. Status of the Will (if any)

☐ The decedent left a Will that devises real property.

☒ The decedent left no Will that devises real property.

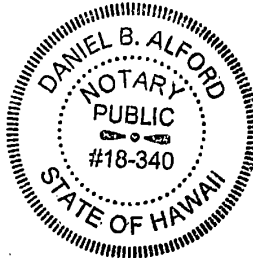
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Diana Sloan, guardian of Howard Sloan 9/25/2019
 Signature Date
Diana Sloan, guardian of Howard Sloan
 Print Name

Hawaii DCA
 State of ~~Washington~~

County of Honolulu

Signed and sworn to (or affirmed) before me on 9-25-2019 by Diana Sloan
 (name of person making statement).

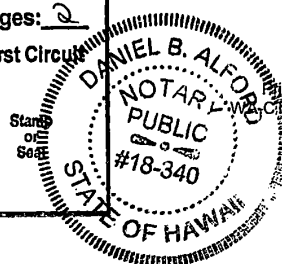


Daniel B. Alford
 Name: Daniel B. Alford
 Notary Public in and for the State of Washington,
 Residing at: 4256 Radford Drive 96818
 My appointment expires:
06-24-2022

Daniel B. Alford
 My commission expires
 06/24/2022

Affidavit (Lack of Probate)
 WA0000080.doc / Updated: 11.14.16

Doc. Date: <u>9-25-19</u>	# Pages: <u>2</u>
Notary Name: Daniel B. Alford First Circuit	
Doc. Description: <u>inheritance lack of Probate Affidavit</u>	
<u>Daniel B. Alford</u>	<u>9-25-19</u>
Notary Signature	Date



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 WA0000080.doc / Updated: 11.14.16