201911060043

11/08/2019 10:20 AM Pages: 1 of 3 Fees: \$105.50 Skapit County Auditor

Return Address:

Guardian NWTitle 3202 Commercial Hoe). Aracortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantec Bruce Van Iterson, 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 SON
of Ria Foster Relationship to decedent who died on 3-14-19
at MOULT VERDON Skepit Waskington
City County State State State
Abbreviated Legal Descriptions:
See attacked exhibit A for
legal description make a part
hereof by this reference.
Lot 49 Ist Add Alverson Scamana Trs
Assessor's Property Tax Parcel/Account Numbers: (List All)
P61749 3856-000-049-000 2
P46863 3601 36-0-015-0008
(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. _____.

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	ej. 61			
7460 Gueme Address		Rd. Anal	cortes, up 9	822
			Zip	
Rence NOLL Full name, age and relationship				
7460 GLEMES 15	and Rd., A City	nacortes, State	LA 98221	
Dan Van Iferso Full name, age and relationship				
11024 78+h Al Address		ousville	19 90771	
		State	Zip	
Full name, age and relationship			· · · · · · · · · · · · · · · · · · ·	_
11024 78-19 Are Address) NE Me	MSVille, u	A 98271	
Full name, age and relationship			Zip	
			0000	
2318 357 Col			H 98221 Zip	
Buice Vanite	300 62			
Z318 354 h Co Address	urt An	portes. 1	198721	
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				<u>. </u>
Address	City	State	Zip	
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Full name, age and relationship				<u></u>
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 $\frac{250,000}{1000}$ of which approximately $\frac{250,000}{1000}$ 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 (\checkmark) 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 202 County of Skc y inston State of Wash I know or have satisfactory evidence that Bluce Van

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.

Kin M. Su Dated: $OCT \cdot JO$, 2019 Vernon (SEAL OR STAMP Residing at MOULT Notary Public in and for the State of UM My appointment expires: 10-6, 202C(Based on REV 84 0017 (1/3/17) Gilli MAS