



201911190086

11/19/2019 04:27 PM Pages: 1 of 3 Fees: \$105.50
Skagit County Auditor

Return Address:

JOE T. BAXLEY
210 N. 30TH ST.
MOUNT VERNON, WA
98273SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019-5050
NOV 19 2019Amount Paid \$0
By SKAGIT Co. Treasurer
NAME Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JOE TOM BAXLEY, being first duly sworn
Name of Affiant

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

property described below, and is HUSBAND
*Relationship to decedent*of RITA MARIE BAXLEY, who died on 04/25/18
Decedent/Grantor *Date*at MOUNT VERNON SKAGIT WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 18, PLAT OF SKAGIT ORCHARDS,ACCORDING TO THE PLAT THEREOF RECORDED UNDERAUDITOR'S FILE NO. 200109240161, RECORDS OFSKAGIT COUNTY, WASHINGTON.SITUATED IN SKAGIT COUNTY, WASHINGTONAssessor's Property Tax Parcel Account Number: P118360
(Attach full legal description of the property)☐ Decedent left no Last Will and Testament.☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked."Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

JOE TOM BAXLEY

SPOUSE

Full name, age, relationship, address

TIMOTHY ALAN BAXLEY, AGE 42

SON

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 11/19/19JOE TOM BAXLEY

Affiant's full name

360-333-7750

Telephone number

210 NORTH 30TH STREETMOUNT VERNON

City

WASHINGTON

State

98273

Zip Code

Joe T. Baxley

Signature

11/19/19

Date

State of

Washington

County of

Skagit

I know or have satisfactory evidence that

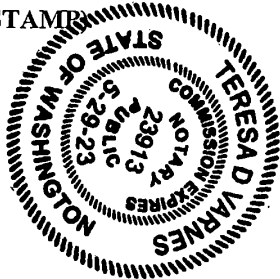
Joe T Baxley

(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: 11/19/19Teresa D Varnes

Signature of Notary Public

(SEAL OR
STAMP)

Residing at:

Island County

Notary Public in and for the State of

Washington

My appointment expires:

5/29/23