


Return Address:
Evangeline Forrester
29119 40th Ave. NW
Stanwood, WA 98292-5000


201911220128
11/22/2019 03:29 PM Pages: 1 of 3 Fees: \$105.50
Skagit County Auditor

Land Title and Escrow
01-174057-0E

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Evangeline M. Forrester, 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 Surviving Spouse
Relationship to decedent
of John P. Forrester, who died on June 17, 2010
Decedent/Grantor *Date*
at LaConner Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 647, Shelter Bay Div. #4

Assessor's Property Tax Parcel/Account Number: P129376/S3302020330
(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 _____)

Evangeline M Forvester, legal Age
Wife, 29119 40th Ave NW Stanwood 98292
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

Full name, age, relationship, address

Dated : November 20, 2019

Evangeline Marie Forrester

Affiant's full name

360-629-4159

Telephone number

29119 40th Ave NW

Stanwood WA 98292

City

State

Zip Code

Evangeline M. Forrester 11/20/19
Signature Date

State of Washington County of Skagit

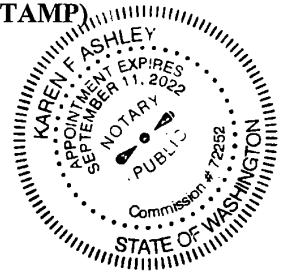
I know or have satisfactory evidence that Evangeline M. Forrester
(name of person)

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 / 20 / 2019

Karen Ashley
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro-Woolley

Notary Public in and for the State of Washington

My appointment expires: 09/11 / 2022