

Return Address:

Alan Chandler

PO Box 734

Sedro Woolley, WA 98284

LAND TITLE AND ESCROW
01-179943-OE

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Alan Chandler, 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 spouse

of Martha Chandler, who died on 8-25-18
Decedent/Grantor *Relationship to decedent* *Date*

at Sedro Woolley Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 16 and 17, Block 108, "PLAT OF THE TOWN OF SEDRO,
SKAGIT COUNTY, W.T.," as per plat recorded in Volume 1 of Plats, page 18, records of Skagit
County, Washington. Situate in the City of Sedro-Woolley, County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: P76249
(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)

Alan Chandler

Full name, age, relationship, address

Husband

1925 Township Street SedroWoolley, WA 98284

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: 9-1-2020

Alan Dean Chandler

Affiant's full name

360-709-9579

Telephone number

27957 Burmaste Rd

Sedro Woolley WA ^{Street} 99284

WA ^{State} 99284 ^{Zip Code}

[Signature]

9-1-2020

Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Alan Chandler
(name of person)

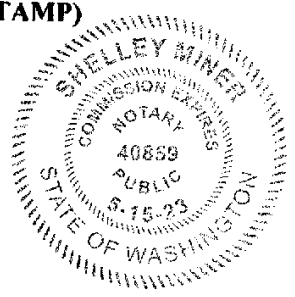
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/1/2020

[Signature]

Signature of Notary Public

(SEAL OR STAMP)



Residing at: [Signature]

Notary Public in and for the State of WA

My appointment expires: 5-15-23