

Return Address:

LAND TITLE AND ESCROW

Order Number: 01-179451-S

State of Washington
County of Skagit

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Robert B. Larson,
Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: M. Bridgetta Larson
3. The decedent died on 7-19-09 (date) at Mt. Vernon (City), Skagit (County), WA (State).
4. My/ Our relationship to the decedent is as follows:
HUSBAND
5. I am/ We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

Lot 14, "WADE PLACE SECOND ADDITION," as per plat recorded in Volume 14 of Plats, pages 122 and 123, records of Skagit County, Washington.

Situate in the City of Burlington, County of Skagit, State of Washington.

Tax ID Number: P83910 4531-000-014-0012

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

| Full Name | Age | Relationship |
|-------------------------|-----------|----------------|
| <u>ROBERT B. LARSON</u> | <u>73</u> | <u>HUSBAND</u> |

| | | |
|-----------------|-----|--------------|
| Full Name | Age | Relationship |
| CHAD J. LARSON | 36 | SON |
| Full Name | Age | Relationship |
| CAYLE J. LARSON | 34 | SON |
| Full Name | Age | Relationship |
| | | |
| Full Name | Age | Relationship |
| | | |
| Full Name | Age | Relationship |
| | | |

DATED this 26 day of AUG 20 20

Robert B. Larson
Affiant's Signature

ROBERT B. LARSON
Printed Name of Affiant

716 S. WADE PLACE, BURLINGTON, WA 98233
Address

State of: WASHINGTON

County of: SKAGIT

I certify that I know or have satisfactory evidence that Robert B. Larson is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 8-26-2020

EMPOWDETC
Signature

Notary Public
Title

My appointment expires: 9-24-2023

