Skagit County Auditor, WA

Return Address:

Margaret H. Reed 2929 1st Avenue, Unit 517 Seattle, WA 98121

Order Number: 01-183839-OE

State of Washington

County of Skagit

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Christina C. Reed, Katherine R. Carlyle, Margaret H. Reed, and Barbara G. Hill, 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: Lincoln Yuille Reed
- The decedent died on September 27, 2010 (date) at Horizon House, Skilled Nursing Facility, Seattle (City), King (County), WA (State).
- 4. Our relationship to the decedent is as follows: Daughters
- 5. We are the rightful heirs to the property described herein.
- 6. Decedent left no last Will; or X Decedent left a Will that is not being probated.
- 7. The property subject to this affidavit is described as:

Abbreviated legal:

Lot 1, SP # 95-016 AFN 9510050009 (N 1/2 NW 1/4 Sec 23-33N-R3 E. W.M.)

Tax ID Number: P16027

- 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:

Katherine R. Carlyle	76	Daughter	+
Full Name	Age	Relationship	4
Christina C. Reed	78	Daughter	1
Full Name	Age	Relationship	

Full Name	Age	Relationship	
Margaret H. Reed		Daughter	
Full Name	Age	Relationship	_
Barbara G. Hill	70	Daughter	

DATED this 9 day of April, 2021.

Margaret H. Reed

16422 Fir Island Rd.

Mt. Vernon WA 98273

Address

State of: WA.

County of: 5 Kaz, it

I certify that I know or have satisfactory evidence that Mayart N. Reed 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: 4/9/2021

Signature Dulan

Notary Public

My appointment expires: 11/33/2021

Seal or Stamp

LINDA DIETRICK Notary Public State of Washington My Appointment Expires Nov 3, 2021

Christina C. Reed	Q	
- 2909 1st Ave Seather w	<u>#5()</u>	
Address Seattle . W	A 98121	
State of:		
County of:		
appeared before me, and said person acknowle (his/her) free and voluntary act for the uses an	edged that (he/she) signed this instrument and acknowled	he person who edged it to be
Dated: 4 (2/21		
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61268 61268		

Katherine F. Carlyle	<u>larlyt</u>	2	
1422 Olive a Walla Walla Walla Walla State of: Washington	<u>,</u> wA	99362	
I certify that I know or have satisfactory evide appeared before me, and said person acknowle	edged that (he/she) sign	ed this instrument and ackr	is the person who
Dated: April 10, 2021	d purposes mentioned in	n the instrument.	and the be
JOHNATHAN PETTIT	Notary Pul	olic	

My appointment expires: <u>07-15-2024</u>

JOHNATHAN PETTIT **NOTARY PUBLIC**

STATE OF WASHINGTON Notary License No. 20110818 Commission Expires 07/15/2024

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I declare under penalty of p 15. Signature:	16. Date	17. Address:		going is true and correct.			
All vital records are registered as certificate must be returned within	received. An item may be ciral repoyeas of the date if was ass	nyed by affidavit or led to receive a lep	ily once. Subsequent on lacement copy free of di	anges must be made by court order. The incorrect eage.			
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