

Document Title:

Lack Of Probate Affidavit

Reference Number : 01-183912-S

Grantor(s):

additional grantor names on page \_\_\_\_.

1. Arcelia Powers

2.

Grantee(s):

additional grantee names on page \_\_\_\_.

1. Martin E. Powers

2.

Abbreviated legal description:

full legal on page(s) \_\_\_\_.

Lot 75, The Meadow Phase II,

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_\_.

P106539

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds

This is a two (2) part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

STATE OF Washington Title Insurance Commitment No.: 70126794  
COUNTY OF Skagit County: Skagit

The undersigned, Arcelia Powers, executes this affidavit relating to the estate of Martin E. Powers (herein "Decedent"), who died on March 30, 2016, in the County of Skagit, State of Washington

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- other (identify): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
3. *all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW11.04.015:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
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(continued)

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
- Separate property
- Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - married to Arcevia Powers
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - married to Arcevia Powers
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_
3. That on the date of death the Decedent was a citizen of the following country USA and a permanent resident of USA (if Decedent was a resident different from that of their citizenship).
4.  That the decedent left a Will, a copy of which is attached hereto.
  - That the decedent left no Will.
  - That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording no. \_\_\_\_\_ (if unrecorded, attach a copy)
5.  That the decedent's estate is not being probated.
  - That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_.
6. If title transferred pursuant to a Transfer of Death Deed:
  - That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
  - That there was consideration given in the amount of \$ \_\_\_\_\_, including the value of monetary, non-monetary, in-kind, and other consideration.

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
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(continued)

- 7.  That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
- That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.
- That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$\_\_\_\_\_, but have not been paid.
- 8.  That the decedent has not received assistance from the State of Washington for medical care.
- That the decedent has received assistance from the State of Washington for medical care.
- That the State of Washington has been fully reimbursed for assistance for medical care.
- 9. If title was owned by the decedent in joint tenancy:
  - That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real estate was held in joint tenancy.
  - That the interest of no one (1) or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law;
  - That the joint tenancy continued in full force until the death of the Decedent and, if there are two (2) or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness; funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$\_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$\_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$\_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$\_\_\_\_\_.

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
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(continued)

This affidavit is made to induce Chicago Title Insurance Company (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance to full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

*Arcelia H. Powers*  
Signature

12/16/19  
Date

ARCELIA H. POWERS  
Print Name

State of Washington

County of SNOHOMISH

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
(name of person making statement).

Name: \_\_\_\_\_  
Notary Public in and for the State of Washington,  
Residing at: \_\_\_\_\_  
My appointment expires: \_\_\_\_\_

### WA Lack of Probate Affidavit Community Property

STATE OF WA Title Order Number: NSWREF21316138

COUNTY OF Snohomish

ARCELIA H. POWERS, being first duly sworn, on oath deposes and says:

That Affiant is the surviving spouse of MARTIN E. POWERS who died at 03/30/2016 on the \_\_\_\_\_ day of WA in SNOHOMISH County, State of \_\_\_\_\_ A copy of the death certificate is attached hereto.

That among items of community property was real estate described in the above referenced title order.

CHECK WHICH APPLIES:

Q.H.P. The Affiant and the deceased acquired said property as community property under deed dated \_\_\_\_\_

\_\_\_\_\_ and recorded under \_\_\_\_\_ County recording number \_\_\_\_\_ OR;

\_\_\_\_\_ The Affiant and the deceased provided for the conversion of separate property to community property

by deed dated \_\_\_\_\_, and recorded under \_\_\_\_\_ County recording number \_\_\_\_\_ OR;

That Affiant and the deceased provided for the conversion of separate property to community property

and for the disposition of all community property by Community Property Agreement dated \_\_\_\_\_, and recorded under \_\_\_\_\_ County recording number \_\_\_\_\_.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expense, or expenses of last illness, except as follows:

CHECK WHICH APPLIES:

That the decedent left a Will, a copy of which is attached hereto.

\_\_\_\_\_ That the decedent left no Will.

\_\_\_\_\_ That the decedent's estate is not being probated.

\_\_\_\_\_ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County,

State of WASHINGTON, under No \_\_\_\_\_

That the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$ 281,900, including the value of all separate property of said decedent of approximately \$ 281,900, and including the value of the decedent's community estate of approximately \$ 281,900

This affidavit is made to induce you and Stewart Title Guaranty Company to issue its policies of title insurance on real property passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated: 03/24/2021

(Affiant Full Name)

ARCELIA H. POWERS

(Full address and telephone number)

STATE OF WASHINGTON )

ss.

COUNTY OF Snohomish

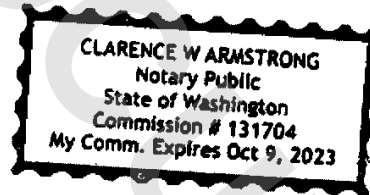
On this 24th day of March, 2021 before me, the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared Arceia H. Powers known to me to be the individual(s) described in and who executed the within instrument and acknowledged that she signed and sealed the same as her free and voluntary act and deed, for the uses and purposes herein mentioned.

Clarence W. Armstrong

Notary Public

Printed Name: Clarence W. Armstrong

My appointment expires: 10/09/2023



THE GRANTEES BY SIGNING THE ACCEPTANCE BELOW, EVIDENCE THEIR INTENTION TO ACQUIRE SAID PREMISES AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, AND NOT AS TENANTS IN COMMON, ACCEPTED AND APPROVED.

  
\_\_\_\_\_  
ARCELIA H. POWERS

  
\_\_\_\_\_  
DAVID H. MANCILLAS

  
\_\_\_\_\_  
LADY MANCILLAS

UNOFFICIAL DOCUMENT