06/08/2021 04:12 PM Pages: 1 of 8 Fees: \$110.50

Skagit County Auditor, WA

Return Address:

<u>Guardian NW Title</u> <u>3202 Commercial</u> Avenu <u>Aracortes</u>, wa 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Arcleth Partiow, being first duly sworn
Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real
Property described below, as is
Relationship to decedent of Dona Vean Hanks who died on 4-2-2002 Decedent/Grantor at Angle of the State REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)
at Angentes skent waskington.
REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)
Abbreviated Legal Descriptions: LOT 8, The Plat of
mountain view Park, Anacortes, washington.
as per pat recorded in Volume 7 of Plats,
page 77 records of skasit County,
Waskington.
Assessor's Property Tax Parcel/Account Numbers: (List All)
(Attach full legal description(s) of the property)
Decedent left no Last Will and Testament and no Community Property Agreement; or
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or
Decedent left a Community Property agreement recorded in County as
Auditor's File No in favor of the surviving spouse or
Auditor's File No in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; or
Decedent left a will which is being/was probated in County, State of Washington as Superior Court Cause No
State of Washington as Superior Court Cause No

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Full name, age and relationship	ry t	tenKs_		
deceased.	City	State	Zip	
Club Stopker M Full name, age and relationship	ichal +			, ,
JJII 174h St. Address	Anace City	State	98221	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
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Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	<u>Zîp</u>	
(Attach more sheets if necessary)				

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately $S_2 = 230,000$ of which approximately $S_2 = 230,000$ was the separate property of the decedent.

The Affianat further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: Viene 8, 20	2/
* Andella Partin	
Affiant's full name	Telephone number
2211 174h St. And Street City	COPTES, WA 98 Z21 State Zijo Code
State of Waskington	County of Skasi +
I know or have satisfactory evidence	that Argeth Partion
	ne, and said person acknowledged that (he/she) signed be (his/her) free and voluntary act for the uses and
Dated: <u>Stene 8</u> , 2021	Signature of Notary Public
(SEAL KIN SPANNE)	Residing at MOULT VERNOR
NOTARY DI LICENSE NO. 14845	Notary Public in and for the State of
O PUBLIC PUBLIC	My appointment expires: 10-6 .2024

(Based on REV 84 0017 (1/3/17)

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~·.		_						_

Guardian NW Title 3702 Commerciae Avenue Anarottes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee <u>Circle+b Par+1011</u> , being first Name of Affiant	t duly sworn
deposes and states as follows: That they are a rightful heir as listed on heirs at law	v, to the real
property described below, and is	
of Dory, Ucan Hanks., who died on becalent Girantor	4-2-2002
at Anglotes Skag; +	State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:	
Abbreviated Legal Description: <u>L8 The Plat of mount</u>	Lain
View Park, Amountes, washington'a	s per
plat recorded in Volume 7 of Plats, records of Skagit County, washingt	page 77
receirds of Skagit County, washingt	-0/1 ·
J. , , , , , , , , , , , , , , , , , , ,	
Assessor's Property Tax Parcel/Account Number: <u>P57965; 38</u> (Attach full legal description of the property)	1 <u>05-00</u> 0- 3-0003.
Decedent left no Last Will and Testament.	
Decedent left a Last Will and Testament which IIAS NOT been Probated or R	evoked.
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)	
tereoust j	(Page 1 of)

REV 84 0017 (1/3/17)

allen lainy Hanks deceased	
deceased	_
Full name, age, relationship, address	
	_
Full name, age, relationship, address	
Chaistopher Mickael Fla	X.V.S.
Full name, age, relationship, address	
	_
Full name, age, relationship, address	
	·
	<u> </u>
Full name, age, relationship, address	
	<u>_</u>
Full name, age, relationship, address	
Full name, age, relationship, address	
Full name, age, relationship, address	

Dated: June 8, 3	1021	
Anderth Part	10W	
Affiant's full name	·-···	<u>.</u>
360-293-	. 2905	
Telephone number		
2211 174h	Street	
Anacortes	Street WA	98221
City	State	Zip Code
XM at last to	~	
Signature		Date
0		. 14.0 - 1 -
State of Unistington	County	or skapt
I know or have satisfactory eviden	ce that Ardeth Pa	ection)
		(name of person)
is the person who appeared before affidavit and acknowledged it to be		
mentioned in this affidavit.	(marter) free and voluntary	act for the uses and purposes
, e e e e e	,, ,	
Dated: $6 / 8 / 202$	<u> </u>	OSNUPD granure of Notary Public
(SEAL OR		yamını əy xuvur, x hazır
STAMP KIM SMITH	Regiding at 1	ut reanon
JUISSION E. SOZZ		
(S" NOTARY SAN License No. 14845	Notary Public in an	id for the State of WH
PUBLIC />	My appointment exp	oires: 10-6-2024
10-08-2024 CO WASHING	• • •	
OF WASHIN		

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	18. USUAL DOCUPATION (Give land at work dame during most of working life, DO NOT USE RETIRE HOME maker	Own Home	(Yes / No) Specify:		21. NGE Boodh White	
	22. RESIDENCE — MUMBER AND STREET 707 41 st Place 2a. Father's NAME — PRST, MIDDLE, LAST	23. CITY/10WN. ORLOCATION 2 Anacortes y	C INSIDERTY 25A. COUNTY (IMITS? (YOU JAN) (YOU	258 LENGTH OF 28 STATE RES. IN CO. 44 YRS WA	27. ZP CODE 98221	
AREN	William Thomas Blakely 30 Problem—NAME Alan Raney Hanks	31. MALINGADORE	ļ	CITY OR TOWN	STATE ZEP	
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AFFIDAVIT FOR CORRECTION

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Per record of Death D Dissolution D with 1.5 MATE FILE NUMBER 1.5 MATE F				
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HE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: #RECORD MOW SHOWS: 10. 10. 10. 11. 11. 11. IF PRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY OF PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: CHARLE UNDER PENALTY ON PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 11. INCOME NUMBER: 11. INCOME NUMBER: 11. INCOME NUMBER: 12. INCOME N	2, NAME	ADDOIGNOTT SEE THE	3, DATE OF EVENT	4. PLACE OF EVENT (City and County)
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FPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 10. 10. 10. 10. 10. 10. 10. 10		OMPLETE AS FOLLOWS:	I	
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EPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY Interpretation of the penalty of persuany under the LAWS OF the STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT. GIGNATURE Interpretation of the penalty of persuany under the LAWS OF the STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT. GIGNATURE Interpretation of the penalty of the penalty of the penalty of the date is was issued to receive a replacement copy free of charge. All changes must be established by documentary proof submitted with the affidavit. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the asserted true facil(s). For example, if the affidavit says the name is Mary Ann Doc, then the proof must show the name to be Mary Ann Doc. Mary A. Doc or M.A. Doc does not prove the name is Mary Ann Doc, then the proof must show the name to be Mary Ann Doc, which are the penalty of the			n.	
EPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY IONE NUMBER: EXAMB UNDER PERMITY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORPECT. SIGNATURE IT. DATE	9.		10.	
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- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner. 2.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.

 To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. 1.
- 2.

Please send the proof(s) and this form/certificate to:

Atm: Corrections Center for Health Statistics 1112 Quince Street South P.O. Box 9709 Olympia, WA 98507-9709

This is a legal document. Complete in ink and do not alter.

APR 08 2002

Skagit County Health Department Howard Leibrand M.D., Health Officer

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