08/26/2021 03:27 PM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

Return Address: Land Title and Escrow Company 3010 Commercial Avenue Anacortes. WA 98221 201340-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee <u>James Falk</u> Name of	, being first du of Affiant	ly sworn deposes and states as follows:
That they are a rightful heir as listed on heirs at	law, to the real property desc	ribed below, and is
Surviving Spaule Relationship to decedent	of Ann Falk	Decedent/Grantor
who died on December 11, 2017 Date	at	
Seattle	USA	WA
City	County	State
REAL PROPERTY SUBJECT TO THE AF Abbreviated Legal Description: Lot 17, Skyling Assessor's Property Tax Parcel/Account Numb (Attach full legal description of the property)	e No. 14	14 9
Decedent left no Last Will and Testament.		
Decedent left a Last Will and Testament w	hich HAS NOT been Probated	d or Revoked.
"Heirs at law" includes surviving spouse, chil parents, brothers and sisters of the decedent. At pages if necessary)	dren, adopted children, issue ffiant hereby identifies all heir	of predeceased child or adopted child, s at law of the decedent: (use additional

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James Falk, Age: 92 Surviving Spouse, 4405 Kingsway A	nacortes WA 98221
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	
ull name age relationship address	

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A 00 00	7.	
Dated: AUG 23 W	<u>4</u>	
James Falk Affiant's full name	·····	
360-293-1094	n	
	<u>/</u>	
Telephone number		
	4405 Kingsway	
	Street	
Anacortes	Washington	98221
City	State	Zip Code
	/	(1 211 2000
- James	alk	Date
Signature		5 Date
STATE OF WASHINGTON COUNTY OF SKAGIT		
	0. 4.40	
Signed and sworn to (or affirmed) bel	fore me on this 24 day of AUG	_, 2021 by
James Fauz		
#a00a to aco a total ac		
pellener nocce	mode	100
Signature	A	MALDO
Signature UPO NOTAN PU Title My appointment expires: My 2	DVC = Alexander	ION EXAM
Title	10 mg 10 mg	TARY NO 1
4,46	26 0	unit C
My appointment expires:	30, 20 1/21	JBLIO 2 2 2 2
9	7,00	-30 reserved
	OF	WASH
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