

70271429- 7057371

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**Title Insurance Commitment No.: 70271429, County: Skagit

STATE OF )

SS:

COUNTY OF )

The undersigned, Eileen Damp, executes this affidavit relating to the estate of Allan Frank Damp (herein "Decedent"), who died on 5/22/2019, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, 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 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 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:

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 & relationship Eileen Damp, wife  
 Address: \_\_\_\_\_  
 Name & relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & 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 Eileen Damp.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☒ married to Eileen Damp.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
3. ☐ 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 number \_\_\_\_\_. (if unrecorded, attach a copy)
4. ☒ 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. \_\_\_\_\_
5. ☒ 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, but have not been paid.
5. ☒ 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.

*(This paragraph applies only if the Real Estate referred to above 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, and that the interest of no one 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; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two 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): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 425,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 425,000, and including the value of Decedent's separate property, if any, of approximately \$ NA, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ NA.

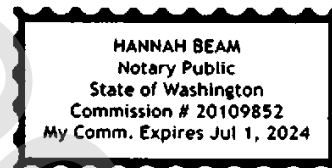
This affidavit is made to induce CHICAGO TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in 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.

DATED: 21 MAY, 2021

Eileen Damp  
(Signature)

EILEEN DAMP  
(Print or type full name)

5506 DOON WAY ANACORTES WA 98221  
(Full address and telephone number)  
360-293-3748



SUBSCRIBED and SWORN TO before me this 21 day of May, 2021

[Signature]  
Notary Public in and for the State of WA  
Washington, residing at Skagit

**EXHIBIT A - LEGAL DESCRIPTION**

**Tax Id Number(s): 38230000700004, P59653**

**Land situated in the City of Anacortes in the County of Skagit in the State of WA**

**LOT 70, SKYLINE NO. 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 70 AND 71, RECORDS OF SKAGIT COUNTY, WASHINGTON.**

**Commonly known as: 5506 Doon Way, Anacortes, WA 98221-2918**

**THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES.**