

When recorded return to:
Emily L Coughlin
9652 Samish Island Rd
Bow, WA 98232

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Donald J Coughlin

Additional names on page _____ of document

CHICAGO TITLE CO.
620049757

GRANTEE(S)

Emily L Coughlin

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

LT 9, WINDWARD VILLAGE, REC NO. 200406140129

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P121666 / 4837-000-009-0000

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

After recording, return to:
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9652 Samish Island Rd
Bow, WA 98232

Grantor (Name of Decedent): Donald J Coughlin
Grantee (Heirs): Emily C. Coughlin
Abbreviated Legal Description: LT 9, WINDWARD VILLAGE, REC NO. 200406140129
Tax Parcel No.(s): P121666 / 4837-000-009-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Emily Coughlin, executes this affidavit relating to the estate of Donald J Coughlin (herein "Decedent"), who died on 3/30/16 in the County of King, State of Washington, then being a resident of the City of Orcutt, County of Skagit, State of Washington.
(A copy of the death certificate is attached hereto.) Recorded under AF# 20160410002

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

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
 - the lawful surviving spouse of the Decedent
 - Registered domestic partner of the Decedent
 - Surviving child 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:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Emily Coughlin - Wife

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

LOT 9, WINDWARD VILLAGE, ACCORDING TO THE PLAT THEREOF, RECORDED JUNE 14, 2004, UNDER AUDITOR'S FILE NO. 200406140129, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

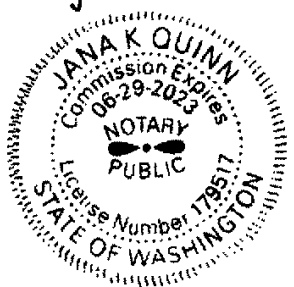
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Emily Coughlin
Signature

Emily Coughlin
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on 11/24/2021 by
Emily Coughlin (name of person making statement)



Jana K Quinn
Name: Jana K Quinn
Notary Public in and for the State of Washington,
Residing at: Arlington
My appointment expires: 06/29/2023