

Return Address:

JUNE R. HADDOX  
1720 M AVENUE UNIT B  
ANACORTES WA 98221



Skagit County Auditor  
7/6/2016 Page

1 of 3 3:21PM

\$75.00

GNW Title  
A111600

**AFFIDAVIT (LACK OF PROBATE)**

JUNE R. HADDOX, being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is spouse (relationship to decedent) of Richard Morlan Haddox (decedent), who died on (date) 8-5-2013, at Anacortes, Skagit, WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: lots 13 & 14, Block 90, City of Anacortes

Assessor's Property Tax Parcel/Account Number: 55543  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:

"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)

(Page 1 of \_\_\_\_\_)

June R. Haddox  
(79 yrs) wife 1720 M Ave Anacortes, W Unit B

Full name, age, relationship, address

Thomas Haddox, Bellingham, WA (82 yrs)  
address unknown - brother -

Full name, age, relationship, address

Jeffrey Haddox, (60 yrs) son  
Sedro Woolley, WA

Full name, age, relationship, address

Lori Cloquet (56) Sedro Woolley, WA  
daughter (nee Lori Griffith)

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

UNCLASSIFIED DOCUMENT

Dated: July 1<sup>st</sup> 2016

June R. Haddox

Affiant's full name

360-708-7731

Telephone number

17202 M Ave Unit B

Anacortes WA 98221

City State Zip Code

[Signature]

Signature

7-1-2016

Date

State of Oregon County of Multnomah

I know or have satisfactory evidence that June R. Haddox  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7 / 1 / 16

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: 4233 NE Sandy Blvd. 97213

Notary Public in and for the State of Oregon

My appointment expires: 2/26/2017

