Return Address:		201906200089			
	_ _ _	201300200089 05/20/2019 04:05 PM Pages: 1 of 4 Fees: \$102.00			
	<u></u>				
Order Number: 02-171931-OE •	,				
State of Washington County of Skaart					
County of Skaar t		Land Title and Escrow			
	LACK	K OF PROBATE AFFIDAVIT			
BEFORE ME, this undersigned a Affiant(uthority, on t s), being by	this day personally appeared Jarry Holmes, y me first duly sworn upon his/her oath, did depose and say:			
1. This affidavit is made pur					
2. The full name of the dece	dent is:	Joan Ann Holmes, who acquire Tive			
3. The decedent died on <u>ID</u> (State).	9 18(date)	Joan Ann Holmes, who acquire title Joan A. te) at Mt, Vernox(City), Skagit (County), WA Ararda			
4. My/ Our relationship to	the decedent	at is as follows:			
5	Spouse	2			
5. I am/ We are the rightful h	,				
	-	Decedent left a Will that is not being probated.			
7. The property subject to this	affidavit is	s described as (see Exhibit A attached hereto)			
Abbreviated legal: Lots 1-7, Blk 95, Fidalgo City.					
Tax ID Number: 4101.	095.00	07.0003/P73104			
		Tied copy of the deceased Death Certificate will ecording if required by the County.			
9. The deceased is survived by	the following	ring heirs:			
Full Name	Age	Relationship			
Jerry Holmes	78	Spouse			
Full Name	Age	Relationship			

Age

Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	

DATED this 18" day of June 2019	<u> </u>
Jas Holmes	
Affiant's Signature	
Jarry Holmes Printed Name of Affiant	
6202 State Route 20	
Anazortes, WA 98221 Address	
State of: Washington	
County of: Skagit	
I certify that I know or have satisfactory evid appeared before me, and said person acknow (his)her) free and voluntary act for the uses a	ledged that (he/she) signed this instrument and acknowledged it to be
Dated: 6.18.19	Signature Signature
DIANE M MILLS NOTARY PUBLIC	Carrow Officer Motory Rublic Title
STATE OF WASHINGTON My Commission Expires May 9, 2021 Seal or Stamp	My appointment expires: 5.09.21

LACK OF PROBATE AFFIDAVIT

Order Number: <u>02-171931-OE</u>

State of Washington
County of Skag1+
Tembeing first duly sworn, desposes and says:
FIRST, that this Affidavit is for the purpose of supplying information pertaining the Estate of deceased, and it is intended that the statements set forth herein (and herto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property: Toan Ann Holmas
XX See attached
SECOND, that the Decedent died on the 9th day of Oct., 2018, in the City of Mt., Vernon County of Sking State of WA.
THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said county, except as follows:
FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$166,000 , including real property above described, which had an approximate market value of \$160,000 ,
FIFTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.
SIXTH, that the decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) and/or Medicaid including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.
SEVENTH, that the following lists comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir opposite name. If any heirs under 18, this Affidavit is not applicable.):
DATED this 1842 day of June, 2019
de Arelm
(fe as
Signature of Affiant
STATE OF Washington country of Skagit ss:
I certify that I know or have satisfactory evidence that person(s) who appeared before me, and said person(s) acknowledged that he's signed this instrument and acknowledge it to be his her / their free and voluntary act for the uses and purposes mentioned in this instrument.
Dated: 6-18-19 Sine Milli
Notary Public in and for the State of Washington Residing at: Milton My appointment expires: 5-09-21 Notary Public in and for the State of Washington Residing at: Milton My appointment expires: 5-09-21

Escrow No.: 02-171931-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lots 1 through 7, inclusive, Block 95, "MAP OF FIDALGO CITY, SKAGIT CO., WASHINGTON," as per plat recorded in Volume 2 of Plats, pages 113 and 114, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.