



201908150098

08/15/2019 03:58 PM Pages: 1 of 3 Fees: \$105.50 Skagit County Auditor

Return Address:

Guardian NW Title
3202 Commercial Ave.
Anacortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

19-2775
GUARDIAN NORTHWEST TITLE CO.

The undersigned affiant/grantee Michael L. Daniel, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is husband.
Relationship to decedent

of Valerie Jeanne Daniel, who died on 5-31-19
Decedent/Grantor Date

at Seattle King WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

LOTS 1, 2 and E 1/2 L3, BLOCK 226,
Anacortes.

Assessor's Property Tax Parcel/Account Numbers: (List All)

3772-226-003-0000 P119444

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

RICK L GUTHORNSON / SON 42
Full name, age and relationship

2301 - 23rd St ANACORTES, WA 98221
Address City State Zip

Kristy M Mack / DAUGHTER 40
Full name, age and relationship

3501 W 4th ANACORTES, WA 98221
Address City State Zip

MICHAEL A DANIEL / SON 30
Full name, age and relationship

2301 - 23rd St ANACORTES, WA 98221
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

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Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 800,000 of which approximately \$ 200,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (✓) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: August 7, 2019

Wendy
Affiant's full name Telephone number 360/202-1250
3301 - 23rd Renwick WA 98271
Street City State Zip Code

State of Washington County of Skagit

I know or have satisfactory evidence that Michael L. Daniel
(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: Aug 7, 2019 Karin M. Smith
Signature of Notary Public

(SEAL OR STAMP) Mount Vernon
Residing at

Notary Public in and for the State of WA

My appointment expires: 10-6, 2020

(Based on REV 84 0017 (1/3/17))

