

Return Address:

Rose Ricks  
1300 O. Ave Ste 231  
Anacortes, Wa. 98221

201908300191

08/30/2019 02:23 PM Pages: 1 of 3 Fees: \$105.50  
Skagit County Auditor

GUARDIAN NORTHWEST TITLE CO.  
19-3029

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee \*ROSE M. RICKS, 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 \* SPOUSE

of \* Richard L. Ricks Relationship to decedent who died on \* 3-13-17  
Decedent/Grantor Date  
at \* ANACORTES SKAGIT WASHINGTON  
City County State

**REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions:

Lots 1, 2 and 3, Block 403, Northern Pacific  
Addition to Anacortes

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

3809-403-003-0000

058382

(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):

ROSE M. McLAULAY 61 DAUGHTER
Full name, age and relationship
13 ANTLER DR. PINE HAVEN WY 82721
Address City State Zip
THERESA M. SCHAEFER 60 DAUGHTER
Full name, age and relationship
5208 S. 375 PLACE AUBURN WA 98001
Address City State Zip
BRIAN K RICKS 58 SON
Full name, age and relationship
1817 40 <sup>TH</sup> CT ANACORTES WA 98221
Address City State Zip
CAROL D. KRAFT 55 DAUGHTER
Full name, age and relationship
2211 13 <sup>TH</sup> AVE E SEATTLE WA 98221
Address City State Zip
CARL P. RICKS 53 SON
Full name, age and relationship
5113 MT. TAHOMA DR. SE. LACEY WA. 98503
Address City State Zip
ROSE M. RICKS SPOUSE
Full name, age and relationship
1300 O AVE <sup>TH</sup> 231 ANACORTES WA 98221
Address City State Zip
EMMA McGEE SISTER
Full name, age and relationship
3175 57 <sup>TH</sup> ST SPRINGFIELD OR 97477
Address City State Zip
CLARENCE RICKS 74 BROTHER
Full name, age and relationship
911 21 <sup>ST</sup> ST ANACORTES WA 98221
Address City State Zip
BEN RICKS 92 BROTHER
Full name, age and relationship
7467-226 MISSION GORGE SANTEE, CA 92071
Address City State Zip
EDNA LARSON 81 SISTER
Full name, age and relationship
1325 RIDGE WAY MEDFORD OR 97501
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 \$ \*600,000 of which approximately \$ \*300,000 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 29, 2019

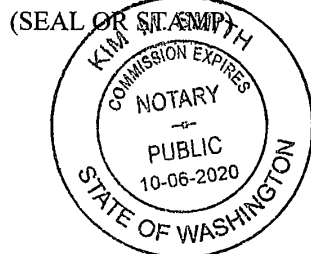
X Rose M. Ricka  
Affiant's full name Telephone number 509-231-1300  
1300 O' Avenue Anacortes, WA 98221  
Street City State Zip Code

State of Washington County of Skaist

I know or have satisfactory evidence that Rose M. Ricka  
(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 29, 2019 Kim M. Smith  
Signature of Notary Public



Residing at MOUNT VERNON

Notary Public in and for the State of WA

My appointment expires: 8-29, 2019

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