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Return Address:

REV 84 0017 (1/3/17)

SUSAN KNOWLTON 4300 GODDING AVE BELLINGHAM WA 98226

| AFFIDAVIT (LACK OF PROBATE) 16-334) GUARDIAN NORTHWEST TITLE CO. |
|--|
| The undersigned affiant/grantee Susan L. Knowlton, being first duly sworn Name of Affiant |
| deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real |
| property described below, and is |
| of <u>Violet Victoria Datherby</u> , who died on <u>3-3-700</u> |
| at Sodro Wootley Stagis WA State |
| REAL PROPERTY SUBJECT TO THE AFFIDAVIT: |
| Abbreviated Legal Description: The South 200 feet of the North 1,000 |
| For of the Northeast 1/4 of the Southeast 1/4 of |
| Section 18, Township 35 North, Range 5 East. U.M. |
| Except Country Road, State Highway and railroad |
| rights of way |
| Assessor's Property Tax Parcel/Account Number: P34388 (Attach full legal description of the property) 36351864160000000000000000000000000000000000 |
| 5 1 1 5 3303 to 4-010-cm 1 |
| 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) |

-2:50

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*):

| Harry W. | Weathe | xber (de | ceased |) |
|-----------------------------------|----------|--------------------------------|-------------|---------|
| Full name, age and relationship | |) _ | | 1000.1 |
| Address Address | tdolo R | State State | Auguellos | 98284 |
| | | (PO O) | trans M. I. | _(L_1) |
| Full name, age and relationship | nowIton | 924 | 2014 111 H | remerby |
| 4300 Grader | a Ave Bo | (PR for 1 Zstas clumphan | 11A 982 | 71 |
| Address | City | State | Zip | _φ |
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| E-II | | | | ·· |
| Full name, age and relationship | | | | |
| Address | City | State | Zip | |
| | | | | |
| Full name, age and relationship | | | | |
| Address | City | Ctata | 7 | |
| Adultss | 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 \$ 250,000 of which approximately \$ 35,000 was the separate property of the decedent. The Affianat 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 (\checkmark) **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: 10-8-19 | |
|--------------------------------------|---|
| & Luxan Knowll | and |
| Affiant's full name | Telephone number |
| Street Gooding Au | Telephone number Resident Code Telephone number Resident Code Telephone number Zip Code |
| State of LNA | County of Slagit |
| I know or have satisfactory evidence | ce that Susan Knowlton (Name of Person) |
| | me, and said person acknowledged that (he/she) signed to be (his/her) free and voluntary act for the uses and it. |
| Dated: October 8,2019 | Signature of Notary Public |
| (SEAL OR STAMP) | Residing at Whlemon |
| THE END EXP | Notary Public in and for the State of |
| AS NOTARY | My appointment expires: |
| PUBLIC Commission | (Based on REV 84 0017 (1/3/17) |
| Will OF WASHING | |