COMMUNITY PROPERTY AFFIDAVIT

STATE OF)	Chicago Title Order
Number:		
COUNTY OF)	
		, being first duly sworn, on
oath deposes and says: That Affiant is the	e surviving spouse of	
who died at	, on the	day of
in, the death certificate is at	County, State of tached hereto.	A copy of
That among items	s of community property was	s real estate described as follows:

CHECK WHICH APPLIES:

The Affiant and the	e deceased acquired said property a	s community property
under deed dated		
	and recorded under	County
recording		
number	OR;	
The Affiant and the	deceased provided for the convers	ion of separate property to
community property		
	, and recorded ur	nder
County recording		
number	OR ;	
That Affiant and the	e deceased provided for the convers	sion of separate property
to community property		
• • • •	tion of all community property by Co	mmunity Property
Agreement dated		
	, and recorded under	County
recording		
number	·	

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expense, or expenses of last illness, except as follows:

CHECK WHICH APPLIES:

That the decedent left a Will, a copy of which is attached hereto. That the decedent left no Will. That the decedent's estate is not being probated. That the decedent's estate is subject to probate proceedings in County, State of, under No
That the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$, including the value of all separate property of said decedent of approximately \$, and including the value of the decedent's community estate of approximately \$
This affidavit is made to induce CHICAGO TITLE INSURANCE COMPANY to issue its policies of title insurance on real property passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.
Dated:
(Affiant Full Name)
(Full address and telephone number)
STATE OF WASHINGTON)
ss. COUNTY OF)
On this day of,, before me, the
undersigned, a notary public in and for the State of Washington, duly commissioned and sworn,
personally appeared known to me to be the
individual(s) described in and who executed the within instrument and acknowledged that
signed and sealed the same as free and voluntary act and deed, for the uses

Notary Public

Printed Name: _____

My appointment expires: _____

A-7 -Individual Capacity