## LACK OF PROBATE AFFIDAVIT (SEPARATE PROPERTY)

		, being first duly	y sworn, on
oath deposes and says: That Affiant is the lawf , other (identify)	ful surviving spouse	surviving child	
	of		who
died at	, on the	day of	
,, in,	County, State of		then being a
resident of			
County of		, State of	
. A copy of the death certifica	ate is attached hereto.		

That Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to children, adopted children, and the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent).

That the heirs at law of the decedent are (list all of the heirs at law, using the reverse side or attaching a list if necessary):

1			
Address:			
2.			
Address:			

That Affiant knows of his(her) own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary);

## 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	۱
County		

State of

\_\_\_\_\_, under No. \_\_\_\_\_

\_\_\_\_\_That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.

\_\_\_\_\_That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_

have been paid. Copies of the release/discharge is attached hereto.

\_\_\_\_\_That State and/or Federal succession or inheritance taxes are due, but have not been paid.

\_\_\_\_\_That all creditor's claims against the estate of the decedent have been paid.

That the value of the decedent's estate as of 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 insure real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his(her) death. Affiant urges Company to issue its policy of title insurance in full 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 and purposes herein mentioned.

Notary Public

Printed Name: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

A-7 -Individual Capacity