

**AFFIDAVIT
(LACK OF PROBATE)**

_____, being first duly sworn, deposes, and says:
 The undersigned affiant is the _____, (relationship to decedent) of _____, (decedent), who died on _____, at _____ (City), _____ (County), _____ (State), then being a resident of _____ (City), _____ (County), _____ (State).

*** **A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED**

PLEASE NOTE: Upon our review of the documentation, we may require a County certified copy of said death certificate to be recorded.

REGARDING DISPOSITION OF REAL PROPERTY

- Decedent left no Last Will & Testament and/or Community Property Agreement; OR
- Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS HERETO ATTACHED FOR REVIEW), or has been recorded under King/ _____ County recording number _____; OR
- Decedent left a Last Will & Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS HEERETO ATTACHED); OR
- Decedent left a Last Will & Testament, which was Probated in _____ (County), State of _____, under Superior Court Cause Number _____.

“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 the reverse side of this page if necessary)

Full Name	age relationship	address
Full Name	age relationship	address
Full Name	age relationship	address
Full Name	age relationship	address
Full Name	age relationship	address
Full Name	age relationship	address
Full Name	age relationship	address
Full Name	age relationship	address

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REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:

Affiant declares that all debts of the decedent and/or marital community, including but not limited to all of decedent's medical, funeral, and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid except as follows:

Affiant further declares that the decedent:

- HAS (OR)
- HAS NOT received assistance from the state of Washington for subsistence or medical Care (Medicaid/Welfare) in the past.

Affiant further declares that the total amount of all community property of the decedent was approximately \$_____, and the value of all separate property of the decedent was approximately \$_____.

Dated: _____.

Affiant's full name: _____

Telephone #: _____ Address: _____
.....

State of _____ County of _____

I know or have satisfactory evidence that _____ 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: _____ By: X _____ My appointment expires _____

(*Notary stamp or seal*)