

**LACK OF PROBATE AFFIDAVIT**

Date: \_\_\_\_\_

Order No.:

**Note: All applicable questions must be answered fully. Notwithstanding our possible willingness to insure this transaction without a probate of the decedent’s estate, you are advised to consult with an attorney regarding the benefits of conducting a probate. A certified copy of the Death Certificate must be attached to this Affidavit.**

The undersigned, being first duly sworn, and with the understanding that Puget Sound Title Company and Stewart Title Guaranty Company, Old Republic National Title Insurance Company (hereinafter “Puget”) will be relying on the information contained herein in determining whether or not to insure title to real property, deposes and says:

1. The undersigned is the \_\_\_\_\_ (relationship to decedent) of \_\_\_\_\_ (name of decedent), who died on \_\_\_\_\_ (date of death) at \_\_\_\_\_ (City), \_\_\_\_\_ (County), \_\_\_\_\_ (State).
2. At the time of his/her death, the decedent was a legal resident of \_\_\_\_\_ (City), \_\_\_\_\_ (County), \_\_\_\_\_ (State).
3. Initial one of the following:
  - \_\_\_ Decedent left no last Will; or
  - \_\_\_ Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or
  - \_\_\_ Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, and an authenticated Distribution is attached hereto.
4. If the undersigned is the surviving spouse of the decedent, initial any of the following which apply:
  - \_\_\_ The undersigned and the deceased acquired the property described in the above-referenced title order as community property under deed dated \_\_\_\_\_ and recorded under \_\_\_\_\_ County recording number \_\_\_\_\_; or
  - \_\_\_ The undersigned and the deceased provided for the conversion of the property described in the above-referenced title order from separate property to community property by deed dated \_\_\_\_\_ and recorded under \_\_\_\_\_ County recording number \_\_\_\_\_; or
  - \_\_\_ The undersigned and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by a Community Property Agreement dated \_\_\_\_\_ and recorded under \_\_\_\_\_ County recording number \_\_\_\_\_.

- 5. A complete list of the living heirs at law of the decedent, and their ages, relationship to decedent and current address, is as follows (attach a separate page, if necessary). **NOTE: The “heirs at law” include, but are not limited to, the decedent’s spouse, children (natural or adopted), parents, brothers, sisters, grandchildren, and great-grandchildren).**

Full Name	Age	Relationship	Complete Address
Full Name	Age	Relationship	Complete Address
Full Name	Age	Relationship	Complete Address
Full Name	Age	Relationship	Complete Address
Full Name	Age	Relationship	Complete Address
Full Name	Age	Relationship	Complete Address

- 6. All the debts of the decedent, including, but not limited to, all expenses of decedent’s last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

\_\_\_\_\_

- 7. The decedent was \_\_\_\_\_ years of age on the date of their death.
- 8. **Question 8 should only be answered if the deceased was 55 years or older at the time of their death.**

- a. Did the decedent receive assistance from the State of Washington, Department of Social and Health

Services for subsistence or medical care (Medicaid/Welfare):

Yes                       No                       I don’t know

- b. If the answer to 8(a) is “yes” or “I don’t know,” did the decedent’s spouse, at the time of the decedent’s death, live on the property described in the above-referenced title order?

Yes                       No                       I don’t know

- 9. As of the date of death, the total value of the decedent’s estate was approximately \$\_\_\_\_\_.

This affidavit is made to induce Puget to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

**Note:** A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

\_\_\_\_\_

\_\_\_\_\_  
Affiant's Signature

Printed Name of Affiant  
\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

Seal or Stamp