



Skagit County Auditor
4/11/2018 Page

1 of

\$78.00

5 10:42AM

RETURN TO:

Patrick M. Hayden
P.O.Box 454
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT OF ERIC K. STENDAL
AND HEIDI E. STENDAL**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Community Property Agreement AF# 8701230001

GRANTOR(S) (Last name, first name and initials):

1. Stendal, Eric K. and Stendal, Heidi E, husband and wife

GRANTEE(S) (Last name, first name and initials):

1. Stendal, Heidi E., as her separate property

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

The West half and the West 5 feet of the East half of Lot 14, and the East half of Lot 15, Block 3,
Plat of the Town of Sedro, according to the Plat thereof recorded in Volume 1 of Plats, Page 17,
Records of Skagit County, Washington; Situated in Skagit County, Washington.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

4149-003-015-0001 / P75287

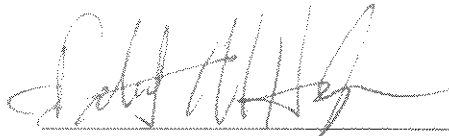
UNOFFICIAL DOCUMENT

THAT this affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse and to induce financial institutions to transfer funds or securities, by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth'



Heidi E. Stendal

Subscribed and sworn to before me this 6 day of April, 2018.



Notary Public in and for the
State of Washington, residing at
Sedro-Woolley, Washington.

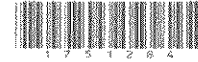
My Commission Expires: 4/27/21

Print name: Patrick McMayden



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-014983

DATE ISSUED: 04/04/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ERIC KRUGER
LAST NAME(S): STENDAL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 01, 2018
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: RIVERFRONT PARK
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 526 BENNETT ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, WA

FATHER/PARENT: RALPH STENDAL
MOTHER/PARENT: DORA MADINE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: HEIDI [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: CITY ADMINISTRATOR
INDUSTRY: CITY GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 04, 2018

INFORMANT: HEIDI STENDAL
RELATIONSHIP: WIFE
ADDRESS: 526 BENNETT ROAD, SEDRO WOOLLEY, WA 98284

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A: PERFORATING HANDGUN WOUND OF HEAD
INTERVAL: IMMEDIATE
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT HISTORY OF
DEPRESSION FOLLOWING CORONARY ARTERY BYPASS IN DECEMBER 2017

MANNER OF DEATH: SUICIDE
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY: APRIL 01, 2018
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: WATERFRONT

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 03, 2018

LOCATION OF INJURY: RIVERFRONT PARK

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: SELF-INFLICTED GUNSHOT WOUND

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 18SK0099
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 03, 2018



Affidavit for Correction

Mail to: Center for Health Statistics
P O Box 47814
Olympia, WA 98504 7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows: _____	9. The true fact is: _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

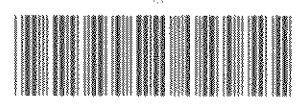
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

APR 04 2018

Howard Leibrand
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer



0 1 8 0 3 2 8 7

Certificate not valid unless the Seal of the State of Washington changes color when heat applied