

After recording, return to:
Gordon E. Bannister and Lynn M. Bannister
2611 W 2nd St
Anacortes, WA 98221

CHICAGO TITLE CO.
020044406

Grantor (Name of Decedent): Torsten Ralph Pundt
Grantee (Heirs): Lisa J. Claybo - Pundt
Abbreviated Legal Description: UT 101, BLDG 4, FIDALGO BUSINESS PARK CONDOMINIUM
Tax Parcel No.(s): P133128 / 6034-004-000-0101

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Lisa J. Claybo-Pundt, executes this affidavit relating to the estate of Torsten Ralph Pundt (herein "Decedent"), who died on May 20, 2020 in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
 the lawful surviving spouse of the Decedent
 Registered domestic partner of the Decedent
 Surviving child of the Decedent
 One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
(Use the reverse side or attach a list if necessary)

Name and relationship: Lisa J Claybo - Pundt, spouse

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

The decedent left a Will that devises real property.

The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Lisa J. Claybo - Pundt
Signature

Lisa J. Claybo - Pundt
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 9-21-2020 by _____
Lisa J. Claybo Pundt (name of person making statement).

Teresa D. Varnes
Name: Teresa D. Varnes
Notary Public in and for the State of Washington,
Residing at: 15100 10
My appointment expires: 5/20/23

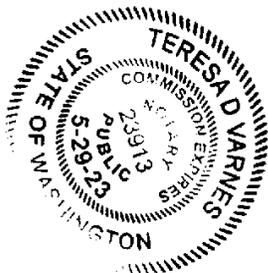


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P133128 / 6034-004-000-0101

UNIT 101, BUILDING 4, FIDALGO BUSINESS PARK CONDOMINIUM, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF, RECORDED OCTOBER 8, 2009, UNDER AUDITOR'S FILE NO. 200910080142 AND SURVEY MAP AND PLANS RECORDED UNDER AUDITOR'S FILE NO. 200910080141, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND ANY AMENDMENTS THERETO.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS RESERVED IN DEED TO JERRY SMITH, ET AL, RECORDED AUGUST 16, 1994, UNDER AUDITOR'S FILE NO. 9408160065 AND DELINEATED ON THE FACE OF SKAGIT SOUND BUSINESS PARK CONDOMINIUM RECORDED MAY 3, 2007 UNDER AUDITOR'S FILE NO. 200705030118, AND FIDALGO BUSINESS PARK CONDOMINIUM RECORDED OCTOBER 8, 2009 UNDER AUDITOR'S FILE NO. 200910080141.

SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-023719

DATE ISSUED: 05/27/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **TORSTEN RALPH**
LAST NAME(S): **PUNDT**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 20, 2020**
HOUR OF DEATH: **UNKNOWN**
SEX: **MALE** AGE: **63 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: **OLDENBURG GERMANY**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **LISA CLAYBO**

OCCUPATION: **HELICOPTER CREW CHIEF**
INDUSTRY: **MILITARY**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **LISA PUNDT**
RELATIONSHIP: **WIFE**
ADDRESS: **1011 N 17TH ST MOUNT VERNON, WA 98273**

CAUSE OF DEATH:
A: **ACUTE MASSIVE PULMONARY EMBOLISM**
INTERVAL: **IMMEDIATE**
B: **VENOUS THROMBOEMBOLISM**
INTERVAL: **2 DAYS**
C: **RECENT SURGICAL PROCEDURE**
INTERVAL: **2 DAYS**
D:
INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: **DIABETES II, SYSTOLIC HEART FAILURE, ATRIAL FIBRILLATION, HYPERTENSION, OBESITY**

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **1011 N 17TH ST**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

RESIDENCE STREET: **1011 N 17TH ST**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **21 YEARS**

FATHER: **BERNHARDT PUNDT**
MOTHER: **WALBURGA** [REDACTED]

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

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **MAY 28, 2020**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **THOMAS CUFLEY**

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

CERTIFIER NAME: **BRYAN H. MURRAY, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **912 32ND STREET, SUITE A**
CITY, STATE, ZIP: **ANACORTES, WA 98221**
DATE SIGNED: **MAY 24, 2020**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **MAY 28, 2020**

 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
Required information must match current information on record			
Required			
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
1. Name on Record:		2. Date of Event:	3. Place of Event:
4. Father/Parent Full Birth 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:			
The record now shows:		The true fact is:	
3.		9.	
10.		11.	
12.		13.	
14.		15.	
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct			
16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:		Date:	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:			
<ul style="list-style-type: none"> • 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			
1. 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			
2. 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			
3. Documentary proof must be five or more years old or established within five years of birth			
Child under 18		Adult (18 years or older)	
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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 using this form, 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			
1. 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.			
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
Marriage/Dissolution (Divorce) Certificates			
1. 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			
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit			

CERTIFIED

MAY 27 2020

Handwritten Signature
Skagit County Health Department



0 3 8 0 4 5 0 1

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