



202201050142

01/05/2022 03:39 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Return Address:

Brigitte M. Stampe
17543 102nd Ave NE #101
Bothell WA 98011SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022-63

JAN 05 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Brigitte M. Stampe, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is SpouseRelationship to decedentof Kurt A. Stampe, who died on 11/7/2021
Decedent/Grantor Dateat Bothell King WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

2113-2115 21st Anacortes WA 98221 ID 1131031513 11th St. Anacortes WA 98221 ID 1061951719 28th Anacortes, WA 98221 ID 313441709 28th St. Anacortes WA 98221 ID 103777Assessor's Property Tax Parcel/Account Number: Attached(Attach full legal description of the property) PHN Lots 1-6 BL 185 Anacortes☐ Decedent left no Last Will and Testament.☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked."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 additional pages if
necessary)

(Page 1 of 4)

Brigitte M. Stampe, 86, spouse
17543 102nd Ave NE #101, Bothell WA 98011

Full name, age, relationship, address

Katrina J. Soderstrom, 61, daughter
7415 NE 169th St, Kenmore WA 98028

Full name, age, relationship, address

Bernhard K. Stampe, 60, son
18906 80th Ave NE, Kenmore WA 98028

Full name, age, relationship, address

Andrea M. Boling, 58, daughter
6449 NE 198th St, Kenmore WA 98028

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

Dated: 12-18-2021Affiant's full name Brigitte M. StampeTelephone number 425-398-234117543 102nd Ave NE, #101

<u>Bothell</u>	<u>WA</u>	<u>98011</u>
City	State	Zip Code

<u>Brigitte M. Stampe</u>	<u>12-18-2021</u>
Signature	Date

State of Washington County of KingI know or have satisfactory evidence that Brigitte Stampe
(name of person)

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.

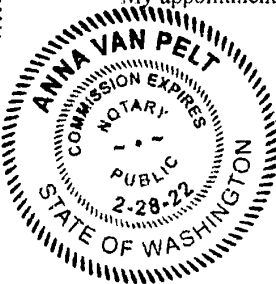
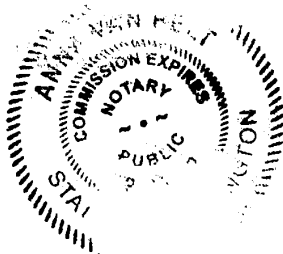
Dated: 12/18/2021
Anna Van Pelt
 Signature of Notary Public
(SEAL OR
STAMP)Residing at: 1863 NE 172nd St, Shoreline WA 98155Notary Public in and for the State of WashingtonMy appointment expires: 02/28/2021

Exhibit A

Attachment to REETA

Legal description of four properties:

Property ID: 113103
Property Type: Real
Geo ID: 3772-185-004-0000
Legal: 2113-2115 21ST, Anacortes, WA 98221
Anacortes, Block 185, Lot 1 to 6 except the West 85 feet

Property ID: 106195
Property Type: Real
Geo ID: 3772-127-008-0000
Legal: 1513 16th Street, Anacortes, WA 98221
Anacortes, Block 127, Lot 6 7 & E1/2 8

Property ID: 31844
Property Type: Real
Geo ID: 350124-0-069-0008
Legal: 1719 28th, Anacortes, WA 98221
(0.1900ac) LOT 1 S/P ANA 93-001 REC AF#9310140067 BEING
PTN SW1/4 SE1/4 SEC 24

Property ID: 103777
Property Type: Real
Geo ID: 350124-0-069-0201
Legal: 1709 28th St, Anacortes, WA 98221
(0.3300ac) LOT 3 S/P ANA 93-001 REC AF#9310140067 BEING
PTN SW1/4 SE1/4 SEC 24

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-057200

DATE ISSUED: 11/12/2021
FEE NUMBER: 1706061

FIRST AND MIDDLE NAME(S): KURT ALBERT
LAST NAME(S): STAMPE

COUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 07, 2021
HOUR OF DEATH: 05:00 AM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BERLIN GERMANY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BRIGITTE MARIA GRUBBA

OCCUPATION: ENGINEER
INDUSTRY: CIVIL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: KATRINA SODERSTROM
RELATIONSHIP: DAUGHTER
ADDRESS: 7415 NE 169TH ST, KENMORE, WA 98028

CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: GREATER THAN 1 MONTH
B: STROKE WITH APHASIA HEMIPARESIS AND COGNITIVE IMPAIRMENT
INTERVAL: 4 YEARS

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE
HYPERTENSION

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BLUEBERRY GARDEN ADULT FAMILY HOME
CITY, STATE, ZIP: BOTHELL, WASHINGTON 98011

RESIDENCE STREET: 17543 102ND AVE NE APT 101
CITY, STATE, ZIP: BOTHELL, WA 98011-3792
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: ALBERT STAMPE
MOTHER: KAETHE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ACACIA MEMORIAL PARK

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 23, 2021

FUNERAL FACILITY: ACACIA MEMORIAL PARK & FUNERAL HOME

ADDRESS: 14951 BOTHELL WAY NE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98155
FUNERAL DIRECTOR: KELLY M. MERRILL

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

CERTIFIER NAME: STEVE HOCKEISER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 11913 N.E. 195TH STREET
CITY, STATE, ZIP: BOTHELL, WASHINGTON 98011
DATE SIGNED: NOVEMBER 08, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: CATHERINE POWELL, PHYSICIAN

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: NOVEMBER 10, 2021



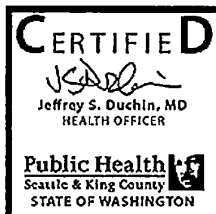
Affidavit for Correction

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
Required Information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction:		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		
7. Return Mailing Address: P.O. Box or Street Address City State Zip				
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 currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
14a. Signature:		14b. Signature of 2nd parent (if required):		
Printed name:		Printed name:		Date:
Date:		Date:		
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation 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 • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551) 				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
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. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
<u>Child under 18</u>				
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required. • To correct the sex of the child, one proof documentation from a medical provider is required. 				
<u>Adult (18 years or older)</u>				
<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 proof documentation are required. • If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. • To correct parent's birth date, place of birth, or name, one proof documentation 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.				
Death Certificates				
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.				
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.				



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



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