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01/28/2022 11:58 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

RETURN TO:
Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022.327
JAN 28 2022
Amount Paid \$ 0
Skagit Co. Treasurer
By *U* Deputy

ORIGINAL

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

AFFIDAVIT (LACK OF PROBATE)

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

AF # 870123001 (Community Property Agreement - Eric Stendal to Heidi Stendal)
AF# 201804110046 (Affidavit/Death Certificate - Lack of Probate - Eric Stendal to Heidi Stendal)
Skagit County Superior Court Case No. 22-4-00021-29 (NP Last Will and Testament - Heidi Stendal)

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

1. Stendal, Heidi E.

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

1. Stendal, Emily J.

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

AFFIDAVIT (LACK OF PROBATE)

1. Grantor and Grantee: The undersigned affiant (grantee) EMILY J. STENDAL, being first duly sworn 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 the daughter of (grantor) HEIDI E. STENDAL, who died on December 16, 2021, at Sedro-Woolley, Skagit County, Washington. A certified copy of a Certificate of Death is attached hereto. At the time of her death HEIDI E. STENDAL was not married. She was predeceased by her husband, ERIC K. STENDAL. Their Community Property Agreement was recorded in AF# 8701230001. An Affidavit and Certificate of Death respecting ERIC K. STENDAL was recorded in AF# 201804110046.

2. Real Property Subject to Affidavit: The following real property is the subject of this affidavit:

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.

APN/TIDN: 4149-003-015-0001/P75287

3. Last Will and Testament: Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked, and which is filed in Skagit County Superior Court Case No. 22-4-00021-29 on January 14, 2022. By virtue of this Last Will and Testament EMILY J. STENDAL is the sole heir and successor of HEIDI E. STENDAL to all right, title and interest in the above-described property. All debts, including the debts of last illness and funeral expenses of HEIDI E. STENDAL have been paid or provided for.

4. Heirs at Law: "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: The only child and only heir at law of the decedent is:

EMILY J. STENDAL, daughter, age ____, 526 Bennett Street, Sedro-Woolley, Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-065381

DATE ISSUED: 12/23/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HEIDI E
LAST NAME(S): STENDAL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 16, 2021 FOUND
HOUR OF DEATH: 09:17 AM FOUND
SEX: FEMALE
SOCIAL SECURITY NUMBER: [REDACTED] E: 63 YEARS

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 526 BENNETT ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 526 BENNETT ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

FATHER: LELAND NOVOTNY
MOTHER: SHIRLEY [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: CLERK
INDUSTRY: COURT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 22, 2021

INFORMANT: EMILY STENDAL
RELATIONSHIP: DAUGHTER
ADDRESS: 526 BENNETT ST SEDRO WOOLLEY WA 98284

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:
A: METASTATIC LUNG CANCER
INTERVAL: WEEKS-MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

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

CERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 22, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 211216-501
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: DECEMBER 22, 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
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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:
	First	Middle	Last	MM/DD/YYYY		(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First	Middle	Last/Maiden	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: PO 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 2 nd parent (if required):
Printed name:	Printed name:
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:

- 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).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement 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.

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 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.

CERTIFIED

DEC 23 2021

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



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