

After recording, return to:

Chicago Title Company
620051086

Grantor (Name of Decedent): Harry J. Schuppenhauer
Grantee (Heirs): Patricia Schuppenhauer
Abbreviated Legal Description: UNIT 27, "FOURTH AMENDMENT TO SURVEY MAP AND PLANS FOR
STONEBRIDGE
CONDOMINIUM,"
Tax Parcel No.(s): P119616 / 4775-000-027-0000

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, Patricia C. Schuppenhauer, executes this affidavit relating to the estate of
Harry Schuppenhauer (herein "Decedent"), who died on 9/10/21,
in the County of Skagit, State of Washington, then being a resident of the
City of Mt. 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

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 (continued)

- ☐ 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): _____

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: Patricia Schuppenhauer - spouse
 Name and relationship: Peter Schuppenhauer - son
 Name and relationship: Timothy Schuppenhauer - son
 Name and relationship: Dale Schuppenhauer - son

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.

Patricia C. Schuppenhauer
 Signature

Patricia C. Schuppenhauer
 Print Name

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

State of Washington

County of

CG
Skagit KingSigned and sworn to (or affirmed) before me on April 12, 2022 by Patricia A. C.
Schuppenhauer (name of person making statement).Name: Carey Gindlesperger
Notary Public in and for the State of Washington,
Residing at: Port
My appointment expires: 10-29-25

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P119616 / 4775-000-027-0000

UNIT 27, "FOURTH AMENDMENT TO SURVEY MAP AND PLANS FOR STONEBRIDGE CONDOMINIUM," AS PER PLAT RECORDED ON OCTOBER 11, 2002, UNDER AUDITOR'S FILE NO. 200210110206, AND ANY AMENDMENTS THERETO; RECORDS OF SKAGIT COUNTY, WASHINGTON, AND AS ESTABLISHED IN THAT CERTAIN DECLARATION OF CONDOMINIUM RECORDED APRIL 3, 2001, UNDER AUDITOR'S FILE NO. 200104030061, AND ANY AMENDMENTS THERETO; RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-045159

DATE ISSUED: 09/15/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HARRY JOHN
LAST NAME(S): SCHUPPENHAUER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 10, 2021

HOUR OF DEATH: 12:30 PM

SEX: MALE

AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: CUBA, NY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: PATRICIA CLAIRE SCOTT

OCCUPATION: DATA PROCESSING MANAGER

INDUSTRY: RETAIL SALES

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: PAT C SCHUPPENHAUER

RELATIONSHIP: WIFE

ADDRESS: 2516 STONEBRIDGE WAY, MOUNT VERNON WA 98274

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: MONTHS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
CHRONIC KIDNEY DISEASE - STAGE 4, ASPIRATION PNEUMONITIS,
INTRACRANIAL HEMORRHAGE AFTER FALL 8/11/21, WEIGHT LOSS WITH
DYSPHAGIA.

DATE OF INJURY: AUGUST 11, 2021

HOUR OF INJURY: 10:14 PM PRESUMED

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 2516 STONEBRIDGE WAY

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 2516 STONEBRIDGE WAY

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 2516 STONEBRIDGE WAY

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: CLARENCE A SCHUPPENHAUER

MOTHER: JESSIE ELSIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: SEPTEMBER 14, 2021

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 14, 2021

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 210913-776

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: SEPTEMBER 14, 2021

Affidavit for Correction

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

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

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:		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 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:				
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:				
<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).				
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 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. 		<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, 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

SEP 15 2021

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



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