

After recording, return to:
Joanne M Stotler
4437 Colony Mt Dr
Bow, WA 98232

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/10/2024

CHICAGO TITLE

620056009

Grantor (Name of Decedent): Hugh Stotler Caldwell Stotler

Grantee (Heirs): Joanne Stotler Martha Stotler

Abbreviated Legal Description: PTN OF SW 1/4 OF SEC 26-36-3E AKA TRACT 3, SVY UNREC AKA COLONY MOUNTAIN

Tax Parcel No.(s): P48352 / 360326-3-003-0501

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, Joanne Stotler, executes this affidavit relating to the estate of Hugh Stotler (herein "Decedent"), who died on November 11, 2023, in the County of Skagit, State of Washington, then being a resident of the City of Bow, 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.

INHERITANCE LACK OF PROBATE AFFIDAVIT
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 (continued)

☐ 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: Joanne M. Stotler, spouse - Martha Stotler, spouse

Name and relationship: Howard C. Stotler, Son

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

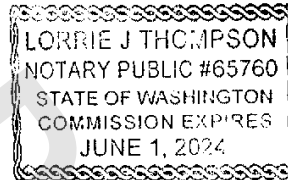
5. **Status of the Will (if any)**

- ☒ 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.

Joanne M. Stotler
 Signature

Joanne M. Stotler
 Print Name



State of Washington
 County of SKAGIT

This record was acknowledged before me on 5-9-2024 by

Joanne M. Stotler

Lorrie J. Thompson
 (Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 6-1-2024

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P48352 / 360326-3-003-0501

A TRACT OF LAND IN SECTION 26, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF THE NORTH HALF OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SAID SECTION 26;

THENCE NORTH 89 DEGREES 41'30" EAST ALONG THE SOUTHERLY LINE OF THE SAID NORTH 1/2 545 FEET TO THE TRUE POINT OF BEGINNING;

THENCE NORTH 0 DEGREES 15'29" EAST 915.93 FEET TO AN INTERSECTION WITH A CURVE HAVING A RADIUS OF 3030 FEET, THE CENTER OF WHICH CURVE BEARS NORTH 27 DEGREES 07'03" WEST;

THENCE NORTHEASTERLY ALONG SAID CURVE TO THE LEFT THROUGH A CENTRAL ANGLE OF 0 DEGREES 54'57", AN ARC DISTANCE OF 48.43 FEET;

THENCE NORTH 61 DEGREES 58'00" EAST 198.93 FEET;

THENCE SOUTH 0 DEGREES 15'29" WEST 1030.67 FEET TO THE SAID SOUTHERLY LINE OF SAID NORTH 1/2;

THENCE SOUTH 89 DEGREES 41'30" WEST 218.00 FEET TO THE TRUE POINT OF BEGINNING.

THE BASIS OF BEARINGS OF THIS DESCRIPTION IS THE WESTERLY LINE OF THE SOUTHWEST 1/4 OF SAID SECTION 26 WHICH BEARS NORTH 0 DEGREES 15'29" EAST.

(ALSO KNOWN AS TRACT 3 OF THAT CERTAIN UNRECORDED SURVEY COMMONLY KNOWN AS "COLONY MOUNTAIN".).

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-058501

DATE ISSUED: 12/01/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HUGH CALDWELL

LAST NAME(S): STOTLER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 23, 2023

HOUR OF DEATH: 04:30 AM

SEX: MALE AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FORT LEWIS, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOANNE MARTHA SWANSON

OCCUPATION: MUSICIAN

INDUSTRY: ARTIST

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: JOANNE MARTHA STOTLER

RELATIONSHIP: WIFE

ADDRESS: 4437 COLONY MOUNTAIN DRIVE, BOW, WASHINGTON 98232

CAUSE OF DEATH:

A: Cerebrovascular accident

INTERVAL: 5 WEEKS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PRESUMED LUNG CANCER

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 4437 COLONY MOUNTAIN DRIVE

CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 4437 COLONY MOUNTAIN DRIVE

CITY, STATE, ZIP: BOW, WA 98232

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: KENNETH AUGUST STOTLER

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 04, 2023

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: SARAH A. DRAKE

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: NOVEMBER 29, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER

DATE RECEIVED: DECEMBER 01, 2023

DOH422-1325KAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

**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: 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:	Date:	Printed name:	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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 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.
- *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.

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.

Death Certificates

- 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.
- 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 proof documentation.
- 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.

