

After recording, return to:
Tonia Schmokel
5683 Section Avenue
Anacortes, WA 98221

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20241194
Date 07/02/2024

Grantor (Name of Decedent): Steven A Schmokel
Grantee (Heirs): Tonia R Schmokel
Abbreviated Legal Description: LT 3, GUEMES SEAVIEW ESTATES
Tax Parcel No.(s): P102320 / 4595-000-003-0002
Chicago Title
620056655

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, Tonia R Schmokel, executes this affidavit relating to the estate of Steven A Schmokel (herein "Decedent"), who died on 30 Dec 2010, in the County of Skagit, State of WA, then being a resident of the City of Anacortes, County of Skagit, State of WA.
(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: Tonia R Schmoke / 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.

Tonia R Schmoke
 Signature

Tonia R Schmoke
 Print Name

State of WA
 County of SKAGIT

This record was acknowledged before me on 6/21/24 by

Tonia R Schmoke

 (Signature of notary public)
 Notary Public in and for the State of WA
 My commission expires: 04-09-25



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P102320 / 4595-000-003-0002

LOT 3, GUEMES SEAVIEW ESTATES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 15 OF PLATS, PAGES 65 AND 66, RECORDS OF SKAGIT COUNTY, WASHINGTON;

TOGETHER WITH EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER THAT CERTAIN 20 FOOT STRIP OVER LOTS 1 AND 2 ADJACENT TO THE MOST NORTHERLY LINE OF SAID LOT 3;

ALSO TOGETHER WITH AN UNDIVIDED 1/5TH INTEREST IN THE FOLLOWING DESCRIBED TRACT:

TIDELANDS OF THE SECOND CLASS LYING IN FRONT OF, ADJACENT TO AND ABUTTING UPON LOTS 25 AND 26, "PLAT OF ORCHARD BEACH TRACTS", ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 4 OF PLATS, PAGE 45, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <u>1180-11</u>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First <u>Steven</u> Middle <u>Allen</u> Last <u>Schmokol</u>			2. Death Date <u>Dec 30, 2010</u>		
3. Sex (M/F) <u>M</u>	4a. Age - Last Birthday <u>67</u>	4b. Under 1 Year: Months <u>0</u> Days <u>0</u>	4c. Under 1 Day: Hours <u>0</u> Minutes <u>0</u>	5. Social Security Number <u>[REDACTED]</u>	6. County of Death <u>Skagit</u>
7. Birthdate <u>[REDACTED]</u>	8a. Birthplace (City, Town, or County) <u>Portland</u>	8b. (State or Foreign Country) <u>Oregon</u>	9. Decedent's Education: <u>Master's Degree</u>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <u>No</u>			11. Decedent's Race(s) <u>Caucasian</u>		12. Was Decedent ever in U.S. Armed Forces? <u>No</u>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <u>5683 Section Avenue</u>			13b. City or Town <u>Anacortes</u>		
13c. Residence: County <u>Skagit</u>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <u>Washington</u>	13f. Zip Code + 4 <u>98221</u>	13g. Inside-City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: <u>16 Years</u>		15. Marital Status at Time of Death <u>Married</u>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <u>Tonia Renee Filioli</u>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <u>Pilot</u>			18. Kind of Business/Industry (Do not use Company Name) <u>Commercial Airlines</u>		
19. Father's Name (First, Middle, Last, Suffix) <u>Melvin Henry Schmokol</u>			20. Mother's Name Before First Marriage (First, Middle, Last) <u>Beth</u>		
21. Informant's Name <u>Tonia Renee Schmokol</u>		22. Relationship to Decedent <u>Wife</u>	23. Mailing Address: Number and Street or RFD No. <u>5683 Section Avenue</u> City or Town <u>Anacortes</u> State <u>WA</u> Zip <u>98221</u>		
24. Place of Death: If Death Occurred in a Hospital: <u>Residence</u>					
25. Facility Name (If not a facility, give number & street or location) <u>5683 Section Avenue</u>			26a. City, Town, or Location of Death <u>Anacortes</u>	26b. State <u>WA</u>	27. Zip Code <u>98221</u>
28. Method of Disposition <u>Cremation</u>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <u>Northwest Crematory</u>		30. Location-City/Town, and State <u>Anacortes, Washington</u>	
31. Name and Complete Address of Funeral Facility <u>Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221</u>			32. Date of Disposition <u>January 3, 2011</u>		
33. Funeral Director Signature X <u>[Signature]</u>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Respiratory failure</u> Interval between Onset & Death <u>Auto</u>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <u>ALS</u> Interval between Onset & Death <u>708</u>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury: <u>mm/dd/yyyy</u>	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street <u>[REDACTED]</u> City or Town <u>[REDACTED]</u> County <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code + 4: <u>[REDACTED]</u>			46. Describe how injury occurred <u>[REDACTED]</u>		
47a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated <u>[Signature]</u>			47b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated <u>X</u>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <u>Robert P. Rieger, MD 2511 M Avenue, Suite A Anacortes, WA 98221</u>			50. Hour of Death (24hrs) <u>1830</u>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed <u>mm/dd/yyyy</u> <u>Jan 3, 2011</u>		
53. Title of Certifier <u>Dr.</u>	54. License Number <u>MD00031047</u>	55. ME/Coroner File Number <u>NJA #632</u>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <u>[Signature]</u>			58. Date Received <u>mm/dd/yyyy</u> <u>JAN 3 2011</u>		
59. Amendments					



DOH/CHS 003 Rev 07/09/07

QOH 01-003 (6/10)



Affidavit for Correction

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

202407020017

07/02/2024 10:53 AM Page 5 of 5

P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. All changes must be established by documentary proof submitted with the affidavit Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023a 6/11/10

CERTIFIED

JAN 06 2011

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

UU000008395