

After recording, return to:
Cindy Radtke
1217 Bonnie View Acres Rd
Oak Harbor, WA 98277

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Cain Cross
DATE 01/03/2025

Grantor (Name of Decedent): GERALD RADTKE

Grantee (Heirs): CINDY RADTKE

Abbreviated Legal Description: Lot(s): 1 Section: 10 Township: 35 Range: 7 Subdivision: Russell
Road Estates Tax/Mas ID(s): 4949-000-001-0000 APN/Parcel ID(s):
P127376 4949-000-001-0000

Tax Parcel No.(s): P127376 and 4949-000-001-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excluse Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Island

The undersigned, CINDY RADTKE, executes this affidavit relating to the estate of GERALD RADTKE, (herein "Decedent"), who died on FEBRUARY 21, 2019, in the County of ISLAND, State of WASHINGTON, then being a resident of the City of OAK HARBOR, County of ISLAND, 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.
☐ 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: CINDY RADTKE, 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.

Cindy Radtke
 Cindy Radtke

State of Washington

County of Island

Signed and sworn to (or affirmed) before me on 12/31/24 by Cindy Radtke.

Name: Scott S Burnett
 Notary Public in and for the State of Washington,
 Residing at: Anacortes
 My appointment expires: 4-25-28

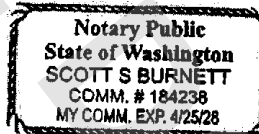


EXHIBIT "A"

Order No.: RES70226226

LOT 1, "RUSSELL ROAD ESTATES," AS PER PLAT APPROVED AND RECORDED FEBRUARY 19, 2008, UNDER AUDITOR'S FILE NO. 200802190194, 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: 2019-008169

LOCAL FILE NUMBER: 84-19

DATE ISSUED: 04/05/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GERALD DWAIN
LAST NAME(S): RADTKE

AKA: JERRY RADTKE

AKA:

AKA:

COUNTY OF DEATH: ISLAND

DATE OF DEATH: FEBRUARY 21, 2019

HOUR OF DEATH: 07:12 PM

SEX: MALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SPOUSE: CINDY ELAINE SHIPLEY

OCCUPATION: HIGH VOLTAGE ELECTRICIAN

INDUSTRY: CITY OF SEATTLE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: CINDY ELAINE RADTKE

RELATIONSHIP: SPOUSE

ADDRESS: 1217 BONNIE VIEW ACRES RD., OAK HARBOR, WA 98277

CAUSE OF DEATH:

A: CEREBROVASCULAR ACCIDENT

INTERVAL: WEEKS

B: ATRIAL FIBRILLATION

INTERVAL: YEARS

C: HYPERTENSION

INTERVAL: YEARS

D: ADULT ONSET DIABETES MELLITUS

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: SENILE DEGENERATION OF
BRAIN, ADENOCARCINOMA OF PROSTATE, CHRONIC DIARRHEA DUE TO
RADIATION THERAPY

DATE OF INJURY: FEBRUARY 16, 2019

HOUR OF INJURY: 10:30 PM

INJURY AT WORK: UNKNOWN

PLACE OF INJURY: RADTKE HOME

LOCATION OF INJURY: 1217 BONNIE VIEW ACRES

CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277

COUNTY: ISLAND

DESCRIBE HOW INJURY OCCURRED: MULTIPLE PREVIOUS FALLS, ED

EVALUATION SHOWED FRACTURED LEFT RIBS 9-12, HEAD CT WAS

NEGATIVE; ACCIDENT CONTRIBUTORY TO BUT NOT IMMEDIATE CAUSE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1217 BONNIE VIEW ACRES RD.

CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277

RESIDENCE STREET: 1217 BONNIE VIEW ACRES RD.

CITY, STATE, ZIP: OAK HARBOR, WA 98277

INSIDE CITY LIMITS: NO

COUNTY: ISLAND

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: AUGUST ROBERT RADTKE

MOTHER/PARENT: MYRTLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 25, 2019

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION
SERVICE INC

ADDRESS: 746 NE MIDWAY BLVD

CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277

FUNERAL DIRECTOR: PAUL E. KUZINA

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: JERALD SANDERS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 101 N MAIN ST

CITY, STATE, ZIP: COUPEVILLE, WA 98239

DATE SIGNED: FEBRUARY 22, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BARBARA COPE

DATE RECEIVED: FEBRUARY 22, 2019

DOH 4220-102 (4/16)

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

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:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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:

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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

*** CERTIFIED ***

APR 05 2019

Signature

J. Brad Thomas, M.D., Health Officer
Island County Health Dept.



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