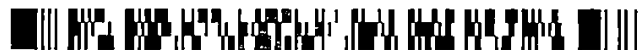
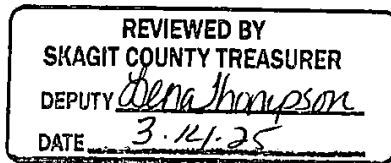


WHEN RECORDED, RETURN TO:
Heather Schutza
616 Panorama Ridge
Mount Vernon, WA 98273



202503140032

03/14/2025 09:21 AM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor



LACK OF PROBATE AFFIDAVIT

HEATHER SCHUTZA, being first duly sworn, declares as follows:

I am the surviving spouse of JJ B. SCHUTZA, who died on October 11, 2022, then a resident of Mount Vernon, Skagit County, Washington. A certified copy of his Death Certificate is attached.

Decedent left a community interest in the real property, legally described as follows, to which I am the rightful heir:

Tax Parcel No.: P127146; 4948-000-040-0000

LOT 40, "PLAT OF SKAGIT HIGHLANDS DIVISION V (PHASE 2)," AS PER PLAT RECORDED ON JANUARY 17, 2008, UNDER AUDITOR'S FILE NO. 200801170047, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.

Commonly known as: 616 Panorama Ridge, Mount Vernon, WA 98273.

Decedent died intestate and without Community Property Agreement.

Decedent was married to Affiant at the time of his death and had four children: Avery J. Schutza, Abigail N. Schutza, Elisabeth N. Schutza, and Alexander D. Schutza.

All the debts of the decedent and/or the marital community, including, but not limited to, all expenses of taxes, have been fully paid.

Decedent has never received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare).

I am making this Affidavit to induce a future title insurance company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on

the real property passing to me, as Decedent's surviving spouse, because the real property was the Decedent's and my community property.

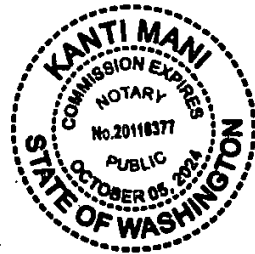
DATED on July 17, 2024.

Heather Schutz
Heather Schutz, Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know, or have satisfactory evidence, that the Grantor, Heather Schutz, is the person who appeared before me, signed this instrument, and acknowledged that the signing was done freely and voluntarily for the purpose mentioned in the instrument.

SUBSCRIBED AND SWORN to before me on DATED on July 17, 2024.



Kanti Mani
(Signature)
KANTI MANI
(Name)
NOTARY PUBLIC in and for the State of
Washington, residing at: Seattle WA.
My commission expires: 10/05/24.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-052623

DATE ISSUED: 10/18/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JJ BRANDON
LAST NAME(S): SCHUTZA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 11, 2022 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 49 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: PASADENA, TX

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: HEATHER ANN SHAW

OCCUPATION: TRAINING MANAGER
INDUSTRY: FOOD AND BEVERAGE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: HEATHER ANN SCHUTZA
RELATIONSHIP: WIFE
ADDRESS: 616 PANORAMA RIDGE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: PENDING
INTERVAL: PENDING
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 616 PANORAMA RIDGE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 616 PANORAMA RIDGE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: NORMAN SCHUTZA
MOTHER: PATRICIA [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 17, 2022

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

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

MANNER OF DEATH: PENDING
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
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: OCTOBER 15, 2022

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 221011-331
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: OCTOBER 17, 2022

DOH422-132SKAGIT (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
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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: 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 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: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:	
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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 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

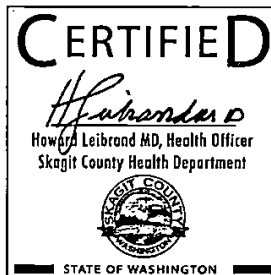
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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