



202509190048

09/19/2025 01:10 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Return Address:

Gayle Murray Brenchley  
1029 S. 38th Place  
Mount Vernon, WA 98274

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 9.19.25

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Gayle Murray Brenchley, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is surviving spouse  
Relationship to decedent

of Susan A White, who died on 6/15/2025  
Decedent/Grantor Date

at Mount Vernon Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 8, Park Ridge Division No. 1, as per plat recorded  
in Vol. 8, Pages 112-113, Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P 104187 / 4611-000-008-0007  
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of 4)

Gayle Murray Brenchley, surviving spouse, 63  
1029 S. 38th Place, Mount Vernon, WA 98274

*Full name, age, relationship, address*

Terry W White, 65 brother  
712 N. 1st St, Mount Vernon, WA 98273

*Full name, age, relationship, address*

Sharon L Grooms, 64, sister  
2610 E. Section St #32, Mount Vernon WA 98274

*Full name, age, relationship, address*

Michael Martin White, 61, brother  
612 Ball St, Sedro Woolley, WA 98284

*Full name, age, relationship, address*

Roger M White, 56, brother  
405 Beacon Hill Dr, Hoquiam, WA 98550

*Full name, age, relationship, address*

Dated : 9/19/2025

Gayle Murray Brenchley  
Affiant's full name

206-782-3454  
Telephone number

1029 S. 38th Place

Mount Vernon WA 98274  
City State Zip Code

Brenchley 9/19/2025  
Signature Date

State of Washington County of Skagit

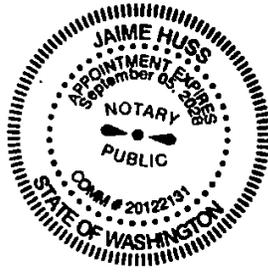
I know or have satisfactory evidence that Gayle Murray Brenchley  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 09, 19, 2025

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Wafd Bank

Notary Public in and for the State of Washington

My appointment expires: 09, 05/2028

page 3 of 4

LOT 8, "PARK RIDGE DIVISION NO. 1", ACCORDING TO THE PLAT THEREOF  
RECORDED IN VOLUME 15 OF PLATS, PAGES 112 AND 113, RECORDS OF SKAGIT  
COUNTY, WASHINGTON.

Subject to Covenants, Conditions, Restrictions and Easements of record.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

Abbreviated Legal: Lot 8, "Park Ridge Division No. 1," Vol. 15, Pages 112-113, Skagit  
County, WA

Tax Parcel Number(s): P104187 / 4611-000-008-0007

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-030625

DATE ISSUED: 06/20/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SUSAN ARLENE

LAST NAME(S): WHITE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 15, 2025

HOUR OF DEATH: 04:00 AM

SEX: FEMALE AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: GAYLE MURRAY BRENCHLEY

OCCUPATION: DENTAL ASSISTANT

INDUSTRY: MEDICAL - DENTAL OFFICE

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: GAYLE BRENCHLEY

RELATIONSHIP: SPOUSE

ADDRESS: 1029 S. 38TH PL, MOUNT VERNON, WA. 98274

CAUSE OF DEATH:

A: PULSELESS ELECTRO ACTIVITY ARREST

INTERVAL: UNABLE TO DETERMINE

B: NON ST ELEVATION MYOCARDIAC INFARCT

INTERVAL: UNABLE TO DETERMINE

C: MODERATE AORTIC STENOSIS

INTERVAL: UNABLE TO DETERMINE

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PARKINSON DISEASE

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

RESIDENCE STREET: 1029 S 38TH PL

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8786

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: WALLACE WHITE

MOTHER: DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 23, 2025

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

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

FUNERAL DIRECTOR: ANNA JORDAN

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PRECIOUS BARNES, DO

TITLE: DO

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 18, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JUNE 20, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 09/19/2025 01:10 PM Page 6 of 6

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

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

STATE OFFICE USE ONLY

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, Return Mailing Address, Telephone Number, and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: 'The record currently shows:' and 'The true fact is:'. Rows 8-13 for recording discrepancies.

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

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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

- 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

- 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.

Death Certificates

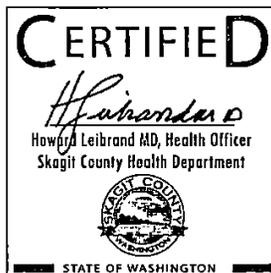
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



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