

After recording, return to:
Scott Mangold
14083 Gilmore Ave
Bow, WA 98232

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/26/2025

Grantor (Name of Decedent): Sandra Gauntlett Gordon
Grantee (Heirs): Scott Mangold, Stephanie Lynn, Teresa Twiss, Karla Jacks & Kerrie McIna
Abbreviated Legal Description: LT 68, MONTREAUX, PH 1, REC 200707230124
Tax Parcel No.(s): P126461 / 4935-000-068-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

Chicago Title
620060129

The undersigned, Scott Mangold, executes this affidavit relating to the estate of Sandra Gauntlett Gordon (herein "Decedent"), who died on 7-30-2025, in the County of Skagit, State of Washington, then being a resident of the City of mt. kerrish, 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.
☐ other (identify:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
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 (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: Scott Mangold - son

Name and relationship: Stephanie Lynn - Daughter

Name and relationship: Teresa Turner - Daughter

Name and relationship: Karla Jacks - Daughter

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.

Scott A. Mangold
 Signature

Scott Mangold
 Print Name

State of Washington
 County of Skagit

This record was acknowledged before me on 9-24-25 by
Scott Mangold

Teresa D. Varner
 (Signature of notary public)

Notary Public in and for the State of Washington
 My commission expires: 5/29/27

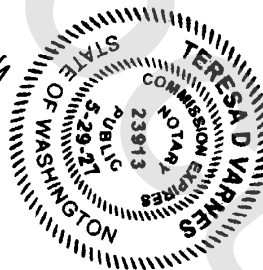


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P126461 / 4935-000-068-0000

LOT 68, MONTREAU, PHASE 1, AS PER PLAT RECORDED ON JULY 23, 2007, UNDER
AUDITOR'S FILE NO. 200707230124, 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: 2025-037594

DATE ISSUED: 07/30/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SANDRA GAUNTLETT

LAST NAME(S): GORDON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 25, 2025

HOUR OF DEATH: 04:20 PM

SEX: FEMALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ABERDEEN, WASHINGTON

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: DIRECTOR OF VOLUNTEERS

INDUSTRY: HEALTH CARE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: STEPHANIE LYNN

RELATIONSHIP: DAUGHTER

ADDRESS: 23170 BUCHANAN PLACE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ACUTE MYELOID LEUKEMIA

INTERVAL: 3 MONTHS

B: MYELOYDYSPLASTIC SYNDROME

INTERVAL: 10 MONTHS

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: 4228 SUNRAY CT

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-8785

RESIDENCE STREET: 4228 SUNRAY CT

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8785

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: JOHN HARRIS GAUNTLETT

MOTHER: HARRIET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JULY 30, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JULY 29, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

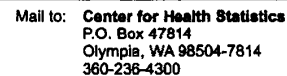
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JULY 30, 2025

DOH422-1328-KAGRT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



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

STATE OFFICE USE ONLY

CERTIFIED

H. Leibrand MD

Howard Leibrand MD, Health Officer
Skagit County Health Department



STATE OF WASHINGTON

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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