202509260016
09/26/2025 10:04 AM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

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 Gauntlet Gordon
Grantee (Heirs): Scott Mangold, Stephanie Lynn, Teresa Tweed, Karla Jacks & Kerrie McCrea
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 Gauntlet 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. Vernon, 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
(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: Scott Mangold - son
Name and relationship: Stephanie Lynn - Daughter
Name and relationship: Teresa Tweed - Daughter
Name and relationship: Karla Jacks - Daughter
Name and relationship: Karrie McCrea - 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.

Signature

Scott Mangold
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 9.24.25 by Scott Mangold.

(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 5/29/27

STATE OF WASHINGTON NOTARY PUBLIC 23913 COMMISSION EXPIRES 5-29-27 TERESA D VARNES

EXHIBIT "A"
Legal Description

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

LOT 68, MONTREAUX, 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

[redacted]

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: MYELODYSPLASTIC 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

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 422-034 August 2019

Affidavit for Correction

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

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 forgoing is true and correct.

14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	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 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

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.

CERTIFIED
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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