



202510240062

10/24/2025 01:52 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

After recording, return to:
Richard Stockwell and Barbara Stockwell

Chicago Title
C/O Kayla Skinner
32650 SR 20 Suite E202
Oak Harbor, WA 98277

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025-3503
OCT 24 2025

Amount Paid \$ 6,393.80
Skagit Co. Treasurer
By cc Deputy

Grantor (Name of Decedent): Barbara Vogland Stockwell
Grantee (Heirs): Richard V. Stockwell
Abbreviated Legal Description: LT 812, SHELTER BAY DIV. 5
Tax Parcel No.(s): S3302010036 / P129470 / 5100-005-812-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WA

COUNTY OF Island

CTZ
620060246

The undersigned, Susan Gandelberg, executes this affidavit relating to the estate of Barbara Vogland Stockwell (herein "Decedent"), who died on May 30, 2019, in the County of Skagit, State of WA, then being a resident of the City of La Conner, County of Snohomish, State of WA.

(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: Richard V. Stockwell, spouse

Name and relationship: Rose Virginia Mann, daughter

Name and relationship: Susan Stockwell Sandberg, daughter

Name and relationship: Julie Nelson David, daughter

Description of the Property Rachel Stockwell Schneider, daughter

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.

Richard V Stockwell by Susan Sandberg his attorney in fact
 Signature

Richard V. Stockwell by Susan Sandberg
 Print Name

State of WA
 County of Island

This record was acknowledged before me on 10/16/2025 by
Susan Sandberg as POA for Richard V. Stockwell

[Signature]
 (Signature of notary public)
 Notary Public in and for the State of WA
 My commission expires: 07-28-2027



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): S3302010036 / P129470 / 5100-005-812-0000

Lot 812, AMENDED SURVEY OF SHELTER BAY DIV. 5, Tribal and Allotted Lands of Swinomish Indian Reservation, according to the plat thereof, recorded on June 2, 1976, in Volume 1 of Surveys, pages 184 through 186, under Auditor's File No. 836134, 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: 2019-025063

DATE ISSUED: 06/18/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARBARA VOGLAND

LAST NAME(S): STOCKWELL

AKA: BARBARA JEAN STOCKWELL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 30, 2019

HOUR OF DEATH: 10:32 PM

SEX: FEMALE AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SPOUSE: RICHARD VINCENT STOCKWELL

OCCUPATION: OWNER/OPERATOR

INDUSTRY: R.V. PARK BUSINESS

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: RICHARD V STOCKWELL

RELATIONSHIP: HUSBAND

ADDRESS: 812 SHOSHONE DRIVE, LA CONNER, WA 98257

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

AKA:

AKA:

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 812 SHOSHONE DRIVE

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 812 SHOSHONE DRIVE

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: HENRY VOGLAND

MOTHER/PARENT: LILLIAN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JUNE 06, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: PENDING

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JUNE 03, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 19SK0194

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JUNE 05, 2019

Affidavit for Correction		STATE OFFICE USE ONLY	
State File Number		Fee Number	
Initials		Date	
Affidavit Number			
Required information must match current information on record			
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:	
First	Middle	MM/DD/YYYY	
Last		3. Place of Event:	
		(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	First	Middle
Last/Maiden		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 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 2nd 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:			
<ul style="list-style-type: none"> • 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			
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. Documentary proof must be five or more years old or established within five years of birth			
Child under 18		Adult (18 years or older)	
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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 using this form, 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			
1. 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). Marital status requires a certified copy of a 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 documentary proof			
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			

DOH 422-034 January 2015



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

CERTIFIED

JUN 18 2019

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer



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