

After recording, return to:

Susan D. Stockinger
369345 Rock Crest DR
TUCSON AZ 85739REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/29/2025Chicago Title
620060268Grantor (Name of Decedent): Richard Steven Stockinger
Grantee (Heirs): Susan D. Stockinger
Abbreviated Legal Description: Lot 1, Block 5 and Ptn. Tract E, Lake Cavanaugh Div. 1 and Ptn. G.L. 1,
26-33-6E, W.M.
Tax Parcel No.(s): P66424 / 3937-005-001-0000**INHERITANCE LACK OF PROBATE AFFIDAVIT**
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)STATE OF WashingtonCOUNTY OF SkagitThe undersigned, Susan D. Stockinger, executes this affidavit relating to the estate of
Richard S. Stockinger (herein "Decedent"), who died on 7/21/2025,
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.

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

☐ other (identify): _____

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: Susan D. Stockinger Spouse

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

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.

Susan D. Stockinger
 Signature

Susan D. Stockinger
 Print Name

State of Arizona
 County of Final

This record was acknowledged before me on 10/24/2025 by
Susan D. Stockinger

Cecilia Baca
 (Signature of notary/public)
 Notary Public in and for the State of Arizona
 My commission expires: 07/06/2026



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P66424 / 3937-005-001-0000

LOT 1, BLOCK 5, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 5 OF PLATS, PAGES 37 TO 43, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH THAT PORTION OF TRACT 'E' LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID TRACT 'E';
THENCE NORTH 12°02'00" EAST, ALONG THE EAST LINE OF SAID TRACT 'E', A DISTANCE OF 139.68 FEET TO THE EAST QUARTER CORNER OF SAID SECTION 26, BEING AN ANGLE POINT IN SAID EAST LINE;
THENCE NORTH 61°36'43" WEST A DISTANCE OF 126.17 FEET;
THENCE SOUTH 56°47'35" WEST A DISTANCE OF 82.11 FEET TO A POINT ON THE NORTHERLY MARGIN OF NORTH LAKE SHORE DRIVE;
THENCE SOUTH 44°48'00" EAST, ALONG SAID NORTHERLY MARGIN, A DISTANCE OF 213.69 FEET TO THE POINT OF BEGINNING.

TOGETHER WITH THAT PORTION OF GOVERNMENT LOT 1, SECTION 26, TOWNSHIP 33 NORTH, RANGE 6 EAST, W.M., LYING SOUTHERLY OF THE SOUTH LINE OF THE COUNTY ROAD AND THAT PORTION OF LAKE CAVANAUGH SUBDIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING SOUTHERLY OF THE SOUTH LINE OF NORTH LAKE SHORE DRIVE (SOMETIMES REFERRED TO AS NORTH SHORE DRIVE), EAST OF LOT 6, BLOCK 4 OF SAID LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1 AND SOUTHWESTERLY OF ANY PORTION OF BLOCK 5 OR BLOCK 6 OF SAID LAKE CAVANAUGH SUBDIVISION DIVISION NO. 1., LYING EASTERLY OF THE FOLLOWING DESCRIBED LINE:

COMMENCING AT THE NORTHEAST CORNER OF LOT 1, BLOCK 6, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, RECORDS OF SKAGIT COUNTY, WASHINGTON;
THENCE NORTH 44°48'00" WEST, ALONG THE SOUTHERLY MARGIN OF NORTH LAKE SHORE DRIVE, AS SHOWN ON SAID PLAT, A DISTANCE OF 190.92 FEET TO THE TRUE POINT OF BEGINNING;
THENCE SOUTH 45°12'00" WEST A DISTANCE OF 21.25 FEET TO THE SHORELINE OF LAKE CAVANAUGH AND THE TERMINUS OF THIS LINE DESCRIPTION.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-036723

DATE ISSUED: 07/25/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD STEVEN
LAST NAME(S): STOCKINGERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 21, 2025
HOUR OF DEATH: 06:15 PM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WASHINGTONMARITAL STATUS: MARRIED
SURVIVING SPOUSE: SUSAN SCHROERSOCCUPATION: PERSONNEL MANAGER
INDUSTRY: MUNICIPAL UTILITY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: SUSAN STOCKINGER
RELATIONSHIP: SPOUSE
ADDRESS: 34989 N SHORE DR, MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: CHOLANGIOCARCINOMA
INTERVAL: 1 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CIRRHOSIS WITH ASCITES,
ESOPHAGEAL VARICES,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: 34989 N SHORE DR
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-8221RESIDENCE STREET: 34989 N SHORE DR
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARSFATHER: HARRY WILLIAM STOCKINGER
MOTHER: KATHLEEN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 28, 2025

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ANNA JORDANMANNER 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 APPLICABLECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 23, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JULY 24, 2025

Affidavit for Correction

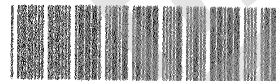
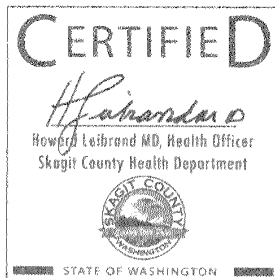
202510290235

Mail to: Center for Health Statistics
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Olympia, WA 98504-7814
360-236-4300

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
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: 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:		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:				
<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 • 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		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 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. 		<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 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.				

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



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