



202511120062

11/12/2025 10:29 AM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

After recording mail to:

Law Offices of J. Adam Barnes PLLC
1721 Hewitt Ave, Suite 407
Everett, WA 98201

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 3674
NOV 12 2025

Amount Paid \$0
Skagit Co. Treasurer
By *GT* Deputy

**Lack of Probate Affidavit and
Affidavit of Surviving Spouse for Exemption
Based on Inheritance of Real Property**

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

Reference number of related documents:

201606020034

Grantor:

Robert Atler (Deceased)

Grantee:

Stella Atler (Surviving Heir)

Legal description:

UNIT 714, CASCADE PALMS CONDO - EAST 1/2 OF PHASE 3, RECORDED AF#200608280229, BEING A PORTION OF LOT 10 FIRST STORY UNIT OF CASCADE PALMS BSP NO. 02-973.

Assessor's property tax parcel number:

P119782 / XrefID: 4903-000-714-0000

Total Amount Transferred (total owned by Decedent/Grantor):

100% community property interest

LACK OF PROBATE AFFIDAVIT
and
AFFIDAVIT OF SURVIVING SPOUSE FOR EXEMPTION
BASED ON INHERITANCE OF REAL PROPERTY

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

Pursuant to the requirements of Washington Administrative Code Section 458-61A-202(6) and the Revised Code of Washington 82.45.010(3), the undersigned Affiant, Stella Atler, being first duly sworn, deposes and states:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the sole and rightful heir to the property described below.
2. I am the surviving spouse of Robert Atler, Decedent, who died on March 25, 2020 at Skagit County, Washington. A certified copy of the death certificate is recorded contemporaneously with this affidavit.
3. No probate has been or will be initiated for Decedent's estate.
4. Among the items owned by the Decedent at the time of death was a community property interest in the real property located in Skagit County, Washington commonly known as 714 Cascade Palms Court, Sedro-Woolley, WA, 98284 and legally described below.

Legal Description of Property:

UNIT 714, CASCADE PALMS CONDO - EAST 1/2 OF PHASE 3, RECORDED AF#200608280229, BEING A PORTION OF LOT 10 FIRST STORY UNIT OF CASCADE PALMS BSP NO. 02-973.

Assessor's Parcel Number: P119782 / XrefID: 4903-000-714-0000

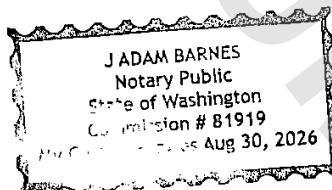
On this 17th day of July, 2025, I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Stella Atler
Stella Atler

STATE OF WASHINGTON)
)
) ss
COUNTY OF SNOHOMISH)

On this 17th day of July, 2025, I certify that I know that Stella Atler is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.


J. Adam Barnes, Notary Public
in and for the State of Washington,
residing at Snohomish County, WA.
My commission expires August 30, 2026





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-013973

DATE ISSUED: 07/18/2025

FIRST AND MIDDLE NAME(S): ROBERT L
LAST NAME(S): ATLER

FEE NUMBER:

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 25, 2020
HOUR OF DEATH: 02:15 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: OTHER
FACILITY OR ADDRESS: CANDLEWOOD SUITES, 1866 S. BURLINGTON
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 735 CASCADE PALMS CT
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: ALBUQUERQUE, NEW MEXICOFATHER: FERDIE F ATLER
MOTHER: LILLIAN C [REDACTED]MARITAL STATUS: MARRIED
SURVIVING SPOUSE: STELLA TORRESMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORIUMOCCUPATION: SGT. MAJOR
INDUSTRY: US ARMY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 30, 2020INFORMANT: STELLA S ATLER
RELATIONSHIP: WIFE
ADDRESS: 735 CASCADE PALMS CT, SEDRO WOOLLEY, WA 98284FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

CAUSE OF DEATH:

- A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
- B: AORTIC VALVE STENOSIS
INTERVAL: YEARS
- C: HYPERTENSION
INTERVAL: YEARS
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 27, 2020

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLECITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 30, 2020

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



DOH 422-034 August 2019

Affidavit for Correction

202511120062

11/12/2025 10:29 AM Perfer Health Statistics
P.O. Box 47814
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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	

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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

*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.

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.

Death Certificates

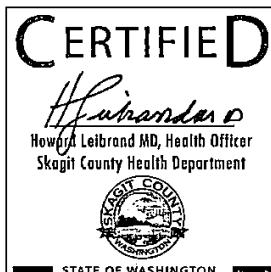
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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