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12/31/2025 02:47 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER

DEPUTY

DATE 12/31/2025

Address: 1. 1032 Cypress Court, Burlington, WA 98233
2. 1814 Township Street, Sedro Woolley, WA 98284
Legal: 1. Lot(s): 31 2nd Amendment to the Cedars Condo
2. N1/2 Lots 18-20, Blk 10, Plat of town of Sedro
Parcel No.: 1. P112592 / 4705-000-031-0000
2. P76241 / 4152-106-020-0009

LACK OF PROBATE REAL ESTATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

The affiants, Kenneth Schorno and David Schorno execute this affidavit relating to the estate of KARON K. TERWILLEGAR, the Decedent, who died on July 23, 2025, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

Kenneth Schorno and David Schorno, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

Relationship of the Affiant to the Decedent

2. The affiants are (check one):

- ☐ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☒ Surviving children of the Decedent
☐ One 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
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Kenneth Schorno 21340 Conway Hill Lane Mount Vernon, WA 98274	Legal	son
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David Schorno PO Box 803 Sedro Woolley, WA 98284	Legal	son
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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 LEGAL DESCRIPTION ATTACHED

5. Status of the Will (if any)

- ☐ The decedent left no Will that devises real property.
☒ The decedent left a Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated January 13, 2021. The Will devises and states that:

I hereby give, devise and bequeath all the rest, residue and remainder of my estate, as defined above and including without limitation all property acquired by me after the execution of this Will, to David Schorno and Kenneth Schorno, in equal shares by right of representation.

DATED: Sept 19, 2025

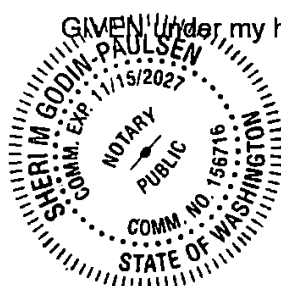
Kenneth Schorno
Kenneth Schorno – Affiant

DATED: Sept 19, 2025

David Schorno
David Schorno - Affiant

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me **Kenneth Schorno** to me known to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.



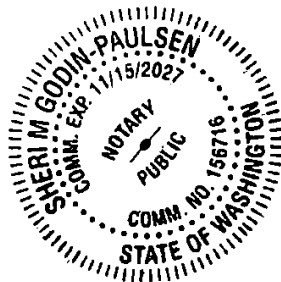
GIVEN under my hand and official seal this 19 day of Sept, 2025

Sheri M. Godin-Paulsen
NOTARY PUBLIC in and for the
State of Washington, residing at
Clearlake
Commission Expires: 11.15.27

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me **David Schorno** to me known to be the individual(s) described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 19 day of Sept, 2025



Sheri M. Godin-Paulsen
NOTARY PUBLIC in and for the
State of Washington, residing at
Clearlake
Commission Expires: 11.15.27

LEGAL DESCRIPTION

1. 1032 Cypress Court, Burlington, WA 98233
Parcel No. P112592 / 4705-000-031-0000

Unit 31, SECOND AMENDMENT TO THE CEDARS, A CONDOMINIUM, according to the Second Amended Declaration thereof recorded July 13, 1999, under Auditor's File No. 9907130111, records of Skagit County, Washington, and any amendments thereto, and Second Amended Survey Map and Plans thereof recorded in Volume 17 of Plats, pages 81 through 85 inclusive, records of Skagit County, Washington, and any amendments thereto.

Situate in the County of Skagit, State of Washington.

2. 1814 Township Street, Sedro Woolley, WA 98284
Parcel No. P76241 / 4152-106-020-0009

North ½ lots 18 to 20, Block 106, Plat of the Town of Sedro, Skagit County, W.T., as per plat recorded in Volume 1 of Plats, page 18, 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: 2025-037337

DATE ISSUED: 07/29/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): KARON KAY
LAST NAME(S): TERWILLEGARCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 23, 2025 FOUND
HOUR OF DEATH: 10:51 AM
SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SIOUX FALLS, SOUTH DAKOTAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: KENNETH SCHORNO
RELATIONSHIP: SON
ADDRESS: 21340 CONWAY HILL LANE, MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: DAYS
B: HEART FAILURE WITH PRESERVED EJECTION FRACTION
INTERVAL: 10 YEARS
C: ATRIAL FIBRILLATION
INTERVAL: 10 YEARS
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: 60 PACK YEAR SMOKING
HISTORY, QUIT IN 2000, TYPE 2 DIABETES, SICK SINUS SYNDROME STATUS
POST PACEMAKER PLACEMENT.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: 1032 CYPRESS COURT
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 1032 CYPRESS COURT
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARSFATHER: KENNETH ALLEN VAN WOERT
MOTHER: HAZEL [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERYCITY, STATE: SEDRO-WOOLLEY, WASHINGTON
DISPOSITION DATE: JULY 29, 2025

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: TRISTA PENDERGRAST, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1400 E. KINCAID ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 29, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JULY 29, 2025

Affidavit for Correction

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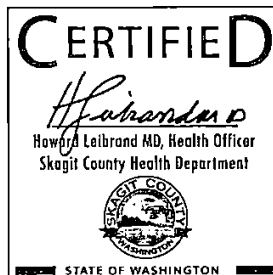
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 forgoing is true and correct.				
14a. Signature:		14b. Signature of 2 nd 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				
<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. 				
Adult (18 years or older)				
<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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