



202601220077

01/22/2026 03:54 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

ORIGINAL

Grantor (Name of Decedent): Susan F. Bradley

Grantee (Heirs): Peter M. Bradley

Abbreviated Legal Description(s):

NW Quarter, Section 34, Township 36, Range 04

Tax Parcel No. (s): P50661/360434-2-002-0008

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026 0181  
JAN 22 2026

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

**INHERITANCE LACK OF PROBATE**

**(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

The undersigned affiant, PETER M. BRADLEY, being first duly sworn, executes this affidavit relating to the estate of SUSAN F. BRADLEY (herein "Decedent"), who died on August 3, 2022, in the County of Skagit, State of Washington, then being a resident of the City of Sedro-Woolley, 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 the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
- (X) 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 \_\_\_\_\_.

**Names of All Heirs of the Decedent**

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

*"Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identified all heirs at law of the decedent:*

Peter M. Bradley

Age: 76

Relationship: husband

Address: 5047 Wildlife Acres Lane, Sedro-Woolley WA 98284

Rebecca Bradley Lowell

Age: 51

Relationship: daughter

Address: 1015 Aspen Lane, Burlington WA 98233

Joseph M. Bradley

Age: 49

Relationship: son

Address: 2115 Herbert St.

Klamath Falls, OR 97601

**Description of the Property**

4. That the following real property was owned by the Decedent at the time of death, located in County of Skagit, State of Washington, and described as follows:

(20.2700 ac) CU F&A 4-2009 AF#201002170037 2011 PTN NW1/4 NW1/4, SECTION 34, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M., AKA TR 1 SURVEY RECORDED AF#8004230057

Assessor's Property Tax Parcel/Account Number: P50661/360434-2-002-0008  
Physical address: 5047 Wildlife Acres Lane, Sedro-Woolley WA 98284

**Status of the Will (if any)**

Decedent DID LEAVE A LAST WILL AND TESTAMENT which has not been probated or revoked. In addition, no probate is being filed, and no personal representative has been appointed for the estate. THAT affiant acknowledges, and so states, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.

THAT affiant agrees that the ownership of the above described property shall be transferred to PETER M. BRADLEY. This affidavit is made pursuant to RCW 11.62.010.

Peter Michael Bradley  
Affiant's full name

360.661.6383  
Telephone number

5047 Wildlife Acres Lane  
Street

Sedro-Woolley WA 98284  
City State Zip Code

*PMB*  
Signature

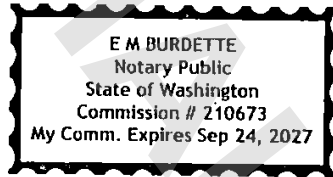
1 | 18 | 2026  
Date

STATE OF WASHINGTON        )  
  ) SS.  
County of Skagit            )

On this day personally appeared before me PETER M. BRADLEY to me known to be the individual 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 18 day of January 2026.

*E M Burdette*  
Notary Public in and for the State of Washington  
Residing at: Burlington WA  
My Commission expires: 9-24-2027



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/04/2022  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-039423

FIRST AND MIDDLE NAME(S): SUSAN FOSTER  
LAST NAME(S): BRADLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 03, 2022  
HOUR OF DEATH: 07:05 AM  
SEX: FEMALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: PETER MICHAEL BRADLEY

OCCUPATION: SOCIAL WORKER  
INDUSTRY: DSHS  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: REBECCA LOWELL  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1015 ASPEN LANE, BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: SUDDEN CARDIAC DEATH  
INTERVAL: MINUTES  
B: DIABETES  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SMOKING, CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE

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: 5047 WILDLIFE ACRES LANE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 5047 WILDLIFE ACRES LANE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER: WILLIAM L STORTS  
MOTHER: PEGGY [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 08, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: TOBI G. STIDMAN

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 RESPONSE

CERTIFIER NAME: ANTHONY GARGANO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 4545 CORDATA PARKWAY  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
DATE SIGNED: AUGUST 03, 2022

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: AUGUST 03, 2022



# Affidavit for Correction

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
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#### Required information must match current information on record

<b>Required</b>	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: Printed name: _____ Date: _____	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: _____ Date: _____
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#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 Acknowledgment 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

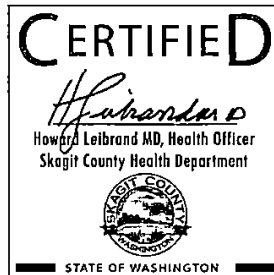
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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