



202602060052

02/06/2026 02:08 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026-0330
FEB 06 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By CC Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lisa J. Claybo -Pundt, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Wife
Relationship to decedent
of Torsten R. Pundt, who died on 5/20/2020
Decedent/Grantor *Date*
at Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Parcel # P129910 9008 Molly Lane; Unit 132
Parcel # P129909 9008 Molly Lane; Unit 131
Parcel # P52469 1011 N. 17th St.
Lot 3BL1 Chencweth Add Mount Vernon; WA
See exhibit A

Assessor's Property Tax Parcel/Account Number: P129910, P129909,
(Attach full legal description of the property) P52469

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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 identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Full name, age, relationship, address

Lisa J. Claybo-Pundt 63 yrs. old Wife
1011 N. 17th St. Mount Vernon, WA. 98273

Full name, age, relationship, address

Dated: 2/6/2024

Lisa J. Claybo - Pundt
Affiant's full name

360-424-9210
Telephone number

1011 N. 17th St.

Mount Vernon ^{City} WA ^{State} 98273 ^{Zip Code}

[Signature] ^{Signature} 2/6/2024 ^{Date}

State of WA County of Skagit

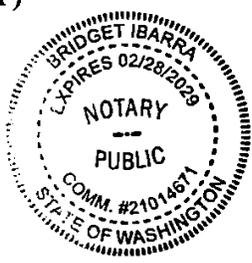
I know or have satisfactory evidence that Lisa J Claybo-Pundt
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 02/06/2024

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 2/28/29

EXHIBIT "A"

LEGAL DESCRIPTION

P52469: LOT 3, BLOCK 1, CHENOWETH ADDITION TO MOUNT VERNON, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 6 OF PLATS, PAGE 39, RECORDS OF SKAGIT COUNTY, WASHINGTON. SURVEY AF#201203140074

P129909 / P129910: BUILDING 3, UNIT 132, FIDALGO BUSINESS PARK CONDO, RECORDED AF#200910080141, SEC 3 TWP 34 R2

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-023719

DATE ISSUED: 05/27/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TORSTEN RALPH
LAST NAME(S): PUNDT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 20, 2020
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1011 N 17TH ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 1011 N 17TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: OLDENBURG GERMANY

FATHER: BERNHARDT PUNDT
MOTHER: WALBURG [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LISA CLAYBO

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: HELICOPTER CREW CHIEF
INDUSTRY: MILITARY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 26, 2020

INFORMANT: LISA PUNDT
RELATIONSHIP: WIFE
ADDRESS: 1011 N 17TH ST MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

CAUSE OF DEATH:
A: ACUTE MASSIVE PULMONARY EMBOLISM
INTERVAL: IMMEDIATE
B: VENOUS THROMBOEMBOLISM
INTERVAL: 2 DAYS
C: RECENT SURGICAL PROCEDURE
INTERVAL: 2 DAYS
D:
INTERVAL:

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES II, SYSTOLIC HEART FAILURE, ATRIAL FIBRILLATION, HYPERTENSION, OBESITY

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: BRYAN H. MURRAY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: MAY 24, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 26, 2020



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

Required

Record Type: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last/Affix First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital
Person on Record: Parent(s) Funeral Director 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: Printed name: Date: 16b. Signature of 2nd parent (if required): Printed name: 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:

- 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

- 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
- Documentary proof must be five or more years old or established within five years of birth

Child under 18

- 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

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 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

- 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.
- 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 documentary proof
- 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

CERTIFIED

MAY 27 2020

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



0 3 8 0 4 6 0 0

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