

After recording, return to:  
Edward Ehler  
1129 S 62nd St  
Tacoma, WA 98408

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 03/25/2026

Grantor (Name of Decedent): Susan Davis Ehler

Grantee (Heirs): Edward Owen Ehler

Abbreviated Legal Description: LT 133, SKYLINE NO. 6

Tax Parcel No.(s): P59550 / 3822-000-133-0000

Chicago Title  
620061340

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

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

STATE OF Washington

COUNTY OF Skagit

The undersigned, Edward O. Ehler, executes this affidavit relating to the estate of Susan Davis Ehler (herein "Decedent"), who died on September 15th, 2024, in the County of Skagit, State of WA, then being a resident of the City of Anacortes, County of Skagit, State of WA.

**(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.
- other (identify): \_\_\_\_\_

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

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: Edward Owen Ehler - 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:

LOT 133, SKYLINE NO. 6, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 64 THROUGH 67A, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

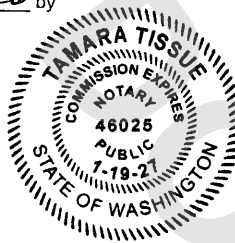
Edward Owen Ehler  
Signature

Edward Owen Ehler  
Print Name

State of Washington  
County of Pierce

This record was acknowledged before me on 3/24/26 by  
Edward Owen Ehler

Tamara Tissue  
(Signature of notary public)  
Notary Public in and for the State of WA  
My commission expires: 1/19/27



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-045023

DATE ISSUED: 10/18/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SUSAN DAVIS  
LAST NAME(S): EHLER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 15, 2024

HOUR OF DEATH: 01:14 AM

SEX: FEMALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SAN MARINO, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: EDWARD OWEN EHLER

OCCUPATION: MARINE BIOLOGIST

INDUSTRY: MARINE BIOLOGY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: ED EHLER

RELATIONSHIP: HUSBAND

ADDRESS: 2310 BARON PLACE, ANACORTES, WA, 98221

CAUSE OF DEATH:

A: RIGHT TEMPORAL LOBE GLIOBLASTOMA

INTERVAL: 7 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 2310 BARON PL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-3104

RESIDENCE STREET: 2310 BARON PL

CITY, STATE, ZIP: ANACORTES, WA 98221-3104

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: CAPTAIN COX

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: SEPTEMBER 17, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: ADAM J. CRENNAN

MANNER 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 APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 16, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: SEPTEMBER 17, 2024

**STATE OFFICE USE ONLY**

|                   |            |          |      |                  |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

**Required information must match current information on record**

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/Maiden 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 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<sup>nd</sup> parent (if required):  
Printed name: Date: Printed name: Date:

**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.



**CERTIFIED**

*Howard Leibrand*  
Howard Leibrand MD, Health Officer  
Skagit County Health Department

SKAGIT COUNTY  
WASHINGTON

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



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