

After recording, return to:
Melinda Poche
802 SW Camano Dr
Camano Island, WA 98282

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 04/29/2026

Grantor (Name of Decedent): Raymond Poche
Grantee (Heirs) Melinda Poche
Abbreviated Legal Description: LT 4, THUNDERBIRD
Tax Parcel No.(s): P54470 / 3762-000-004-0016 Chicago Title
500166453

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, Melinda Poche, executes this affidavit relating to the estate of Raymond Poche (herein "Decedent"), who died on April 29, 2022 in the County of Skagit, State of WA, then being a resident of the City of Mount Vernon, 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 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): _____

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(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: Melinda Poche - Wife
Name and relationship: Danielle Poche - Daughter
Name and relationship: Alyssa Raeth - Daughter
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 4, THUNDERBIRD, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 9 OF PLATS, PAGES 34 AND 35, 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

Melinda Poche
Signature

Melinda Poche
Print Name

State of Washington
County of Island

This record was acknowledged before me on 04.23.2026 by

Melinda Poche
Marisa K. Phillips
(Signature of notary public)

Notary Public in and for the State of WA
My commission expires. 05.22.2026

Notary Public
State of Washington
MARISA K. PHILLIPS
License #22016631
My Commission Expires
May 22, 2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-022511

DATE ISSUED: 05/02/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RAYMOND ANTHONY
LAST NAME(S): POCHE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 29, 2022
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 54 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: OTHER
FACILITY OR ADDRESS: 318 NORTH 30TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 3030 COMANCHE DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTH DATE:
BIRTHPLACE: SMITHVILLE, MO

FATHER: RAYMOND POCHE
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MELINDA FREED

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

OCCUPATION: MECHANIC
INDUSTRY: AEROSPACE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 02, 2022

INFORMANT: MELINDA POCHE
RELATIONSHIP: WIFE
ADDRESS: 3030 COMANCHE DRIVE MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:
A: PRESUMED HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, TIA S, DIABETES

MANNER 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: NO RESPONSE

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

CERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 01, 2022

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 220430-146
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MAY 02, 2022



Affidavit for Correction

Mail to: Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814
360-338-4500

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	File Number	Index	Date	Assignment Number
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Required	Required information must match current information on record				
	1. Birth Type	2. Birth	3. Death	4. Marriage	5. Dissolution (Divorce)
	6. Date of Event			7. Place of Event	
	8. Other Full Birth Name (Spouse A for Marriage or Dissolution)			9. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
10. Name of Person (except Court Order)		Relationship to Person on Record	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
			<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)

7. Return Mailing Address: _____
 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 foregoing is true and correct.

14a. Signature: _____ Date: _____
 Printed name: _____ Date: _____

14b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to www.chs.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 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 needed, one birth and one other document is required; two pieces of proof documentation are required.
- To correct parent's birth date, at least one other name and one proof document 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

- Only the informant may change the non-medical information without proof documentation. The funeral director, or non-administrators of 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 by Seal of the State of Washington changes occur when local applied.

CERTIFIED

MAY 02 2022

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



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