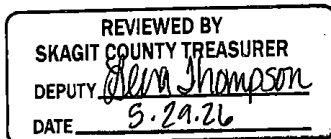




202605290154

05/29/2026 03:37 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

After recording, return to:
MaryLee Killinger
1660 S Walnut St 213
Burlington, WA 98233



CHICAGO TITLE
620062332

ASUAL

Grantor (Name of Decedent): LAURENCE L Killinger
Grantee (Heirs): MARY LEE Killinger
Abbreviated Legal Description: Lot 106, Shelter Bay Div. 2

Tax Parcel No.(s): P128980 / 5100-002-106-0000 and S3402360018

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, MaryLee Killinger, executes this affidavit relating to the estate of Laurence Leroy Killinger (herein "Decedent"), who died on 12/2/2022, in the County of Skagit, State of Washington, then being a resident of the City of La Conner, 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.

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

☐ other (identify:)

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: MARYLEE Killinger, Wife

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:

Parcel A;

Lot 106, REVISED MAP OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation as recorded March 17, 1970, in Volume 43 of Official Records, pages 833 through 838, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Parcel B:

TOGETHER WITH the following described parcel:

Beginning at the Northeast corner of Lot 106;
 thence South 66°00'00" East to the line of mean high tide;
 thence Southerly along the line of mean high tide to the intersection with a line projected South 66°00'00" East from the Southeast corner of Lot 106;
 thence North 66°00'00" West to the Southeast corner of Lot 106;
 thence North 24°00'00" East a distance of 70 feet to the Point of beginning.

Situated in Skagit County, 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.

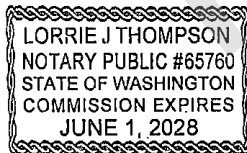
INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

MaryLee Nmi Killinger MaryLee Killinger
Signature
MARYLEE Killinger
Print Name

State of Washington
County of Snohomish

This record was acknowledged before me on 5-29-2026 by
MaryLee Killinger
Lorrie J Thompson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 6-1-2028



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-062162

DATE ISSUED: 12/13/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LAURENCE LEROY
LAST NAME(S): KILLINGER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 02, 2022
HOUR OF DEATH: 11:20 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: 532-30-2649

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

BIRTH DATE: JULY 25, 1933
BIRTHPLACE: INMAN, NE

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARYLEE MCREVEY

OCCUPATION: CONTRACTOR
INDUSTRY: CONSTRUCTION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: MARYLEE KILLINGER
RELATIONSHIP: SPOUSE
ADDRESS: 106 CHINOOK PLACE LACONNER, WA. 98257

CAUSE OF DEATH:
A: COVID INFECTION
INTERVAL: 3 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ASPIRATION PNEUMONITIS,
VASCULAR DEMENTIA

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: 106 CHINOOK PLACE
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 106 CHINOOK PLACE
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: ELMER KILLINGER
MOTHER: MARGARET RETKE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: DECEMBER 08, 2022

FUNERAL FACILITY: WALLIN-STUCKY FUNERAL HOME

ADDRESS: 1811 NE 16TH AVE #A
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: BRYAN J. STUCKY

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: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 06, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: DECEMBER 07, 2022



Affidavit for Correction

Mail to: Center for Health Statistics
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 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) 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 ☐ 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 foregoing 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:

- 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

DEC 13 2022

Howard Leibrand

Howard Leibrand, M.D., Health Officer
Island County Health Dept.

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



0 5 7 1 1 0 4 7