



202607170051

07/17/2026 11:22 AM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026.0248  
JUL 17 2026

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

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susan D. Stockinger, 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 Spouse  
Relationship to decedent

of Richard S. Stockinger, who died on 7-21-2025  
Decedent/Grantor Date

at MT. Vernon Skagit WA  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Exhibit A  
P 106765  
Lot 2, Skagit County short plat No. 94-027  
P 108571  
Tract E, Lake Savanahugh  
subdivision Division No. 1

Assessor's Property Tax Parcel/Account Number: 108571 106765  
(Attach full legal description of the property)

☐ 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 \_\_\_\_\_)

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Full name, age, relationship, address

Stacy Diane Stockinger 80 spouse  
36938 S Rock crest Dr. Tucson AZ 85739

Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Dated : 7-8-2026Susan Diane Stockinger

Affiant's full name

206 679 6778

Telephone number

36934 S Rock Crest Dr.Tucson

City

AZ

State

85739

Zip Code

Susan Diane Stockinger

Signature

7-8-2026

Date

State of Washington County of SkagitI know or have satisfactory evidence that Susan Diane Stockinger  
(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.

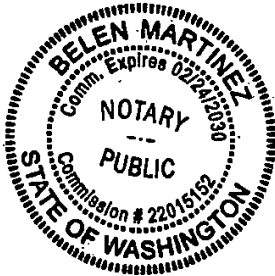
Dated: 07/08/26Belen Martinez  
Signature of Notary Public(SEAL OR  
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 02/2030

**EXHIBIT A****P106765**

CF-75: LOT 2, SKAGIT COUNTY SHORT PLAT NO. 94-027, AS APPROVED SEPTEMBER 23, 1994, AND RECORDED SEPTEMBER 30, 1994, IN VOLUME 11 OF SHORT PLATS, PAGE 120, UNDER AUDITOR'S FILE NO. 9409300052, RECORDS OF SKAGIT COUNTY, WASHINGTON.

**P108571**

(36.4100 ac) DF #4-2008 AF#200903120090 2010: TRACT E, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 5 OF PLATS, PAGES 37 TO 43, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THAT PORTION OF GOVERNMENT LOT 1 SECTION 26, TOWNSHIP 33 NORTH, RANGE 6 EAST, W.M., LYING SOUTHERLY OF THE SOUTH LINE OF THE COUNTY ROAD AND THAT PORTION OF LAKE CAVANAUGH SUBDIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING SOUTHERLY OF THE SOUTH LINE OF NORTH LAKE SHORE DRIVE (SOMETIMES REFERRED TO AS NORTH SHORE DRIVE), EAST OF LOT 6, BLOCK 4 OF SAID LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1 AND SOUTHWESTERLY OF ANY PORTION OF BLOCK 5 OR BLOCK 6 OF SAID LAKE CAVANAUGH SUBDIVISION DIVISION NO. 1. EXCEPT THAT PORTION LYING WEST OF COMMON LINES A AND B THE LEGAL DESCRIPTIONS FOR WHICH SAID COMMON LINES A AND B ARE SET FORTH IN THAT CERTAIN CROSS AND STOCKINGER RCW 58.04 PROPERTY LINE AGREEMENT RECORDED ON JANUARY 8, 2013, UNDER AUDITOR'S FILE NO. 201301060059. ALSO EXCEPT THAT PORTION OF SAID GOVERNMENT LOT 1 LYING EASTERLY OF THE FOLLOWING DESCRIBED LINE: COMMENCING AT THE NORTHEAST CORNER OF LOT 1, BLOCK 6, LAKE CAVANAUGH SUBDIVISION DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, RECORDS OF SKAGIT COUNTY, WASHINGTON; THENCE NORTH 44-46-00 WEST, ALONG THE SOUTHERTY MARGIN OF NORTH LAKE SHORE DRIVE, AS SHOWN ON SAID PLAT, A DISTANCE OF 190.92 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 46-12-00 WEST A DISTANCE OF 21.25 FEET TO THE SHORELINE OF LAKE CAVANAUGH AND THE TERMINUS OF THIS LINE DESCRIPTION. ALSO EXCEPT THAT PORTION OF TRACT E, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID TRACT 'E'; THENCE NORTH 12-02-00 EAST, ALONG THE EAST LINE OF SAID TRACT 'E', A DISTANCE OF 139.66 FEET TO THE EAST QUARTER CORNER OF SAID SECTION 26, BEING AN ANGLE POINT IN SAID EAST LINE; THENCE NORTH 61-35-43 WEST A DISTANCE OF 126.17 FEET; THENCE SOUTH 56-47-35 WEST A DISTANCE OF 82.11 FEET TO A POINT ON THE NORTHERLY MARGIN OF NORTH LAKE SHORE DRIVE; THENCE SOUTH 44-46-00 EAST, ALONG SAID NORTHERLY MARGIN, A DISTANCE OF 213.69 FEET TO THE POINT OF BEGINNING.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-036723

DATE ISSUED: 07/25/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD STEVEN  
LAST NAME(S): STOCKINGER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 21, 2025  
HOUR OF DEATH: 06:15 PM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SUSAN SCHROERS

OCCUPATION: PERSONNEL MANAGER  
INDUSTRY: MUNICIPAL UTILITY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: SUSAN STOCKINGER  
RELATIONSHIP: SPOUSE  
ADDRESS: 34989 N SHORE DR, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: CHOLANGIOCARCINOMA  
INTERVAL: 1 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CIRRHOSIS WITH ASCITES,  
ESOPHAGEAL VARICES,

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: 34989 N SHORE DR  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-8221

RESIDENCE STREET: 34989 N SHORE DR  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: HARRY WILLIAM STOCKINGER  
MOTHER: KATHLEEN [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 28, 2025

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: ANNA JORDAN

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: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 23, 2025

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

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: JULY 24, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

# Affidavit for Correction

07/17/2026 11:22 AM

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

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

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

|                                                                                                                                                                                               |        |                   |                                                                         |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|-------------------------------------------------------------------------|--------------------|
| <b>Required information must match current information on record</b>                                                                                                                          |        |                   |                                                                         |                    |
| Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)                                   |        |                   |                                                                         |                    |
| 1. Name on Record:                                                                                                                                                                            |        | 2. Date of Event: |                                                                         | 3. Place of Event: |
| First                                                                                                                                                                                         | Middle | Last              | MM/DD/YYYY                                                              | (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 <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: |  | City           | State | Zip |
| PO Box or Street Address   |  |                |       |     |
| Telephone Number:          |  | Email Address: |       |     |
| ( )                        |  |                |       |     |

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

|                                    |                          |
|------------------------------------|--------------------------|
| <b>The record currently shows:</b> | <b>The true fact is:</b> |
| 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 <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**

- 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 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**

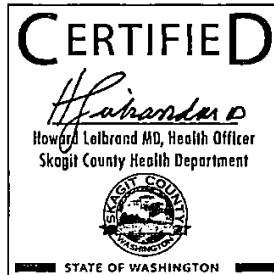
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 the Seal of the State of Washington changes color when heat applied.



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