

After recording, return to:

Susan Ann Caldwell
 5106 Colby Ave.
 Everett, WA. 98203

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 08/10/2026

Grantor (Name of Decedent): Su-Tseng Kammerer
 Grantee (Heirs): Timothy Kammerer
 Abbreviated Legal Description: LT 29, PLAT OF WEST VIEW Chicago Title
 Tax Parcel No.(s): P120522 / 4818-000-029-0000 620062690

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, Susan Caldwell, executes this affidavit relating to the estate of
Su-Tseng Kammerer (herein "Decedent"), who died on December 2, 2024
 in the County of Skagit, State of Washington, then being a resident of the
 City of Burlington, 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:) _____

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: Timothy Henry Kammerer, Husband (deceased 3/19/26)

Name and relationship: Christopher Kammerer, Son

Name and relationship: Andrew Kammerer, Son

Name and relationship: Susan Caldwell, daughter

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 29, PLAT OF WEST VIEW, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 4, 2003, UNDER AUDITOR'S FILE NO. 200306040117, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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.

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

Susan Caldwell
 Signature

X Susan Caldwell

Susan Caldwell
 Print Name

X Susan Caldwell

State of WA
 County of Snohomish

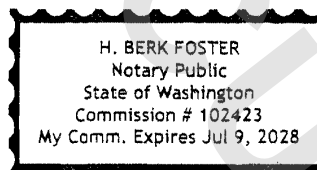
This record was acknowledged before me on 7-30-2026 by

Susan Caldwell
H. Berk Foster

(Signature of notary public)

Notary Public in and for the State of WA

My commission expires: 7-9-28



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-059456

DATE ISSUED: 12/09/2024

FEE NUMBER: 311224

FIRST AND MIDDLE NAME(S): SU T

LAST NAME(S): KAMMERER

AKA: SU-TSENG KAMMERER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 02, 2024

HOUR OF DEATH: 11:00 AM

SEX: FEMALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: CHINESE

BIRTH DATE:

BIRTHPLACE: KAOHSIUNG TAIWAN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: TIMOTHY KAMMERER

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: TIMOTHY KAMMERER

RELATIONSHIP: HUSBAND

ADDRESS: 794 SOUTHVIEW DR., BURLINGTON WA, 98233

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B: NICOTINE DEPENDENCE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
ATRIAL FIBRILLATION

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: 794 SOUTHVIEW DR

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233-4023

RESIDENCE STREET: 794 SOUTHVIEW DR

CITY, STATE, ZIP: BURLINGTON, WA 98233-4023

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: HSU SUNG-TE

MOTHER:

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: DECEMBER 16, 2024

FUNERAL FACILITY: WELLER FUNERAL HOME

ADDRESS: 327 N MACLEOD AVE

CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

FUNERAL DIRECTOR: ALLISON JONES

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 05, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: DECEMBER 06, 2024



Affidavit for Correction

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

Mail to: 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
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) 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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ 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: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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.

*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.

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.

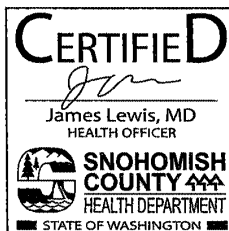
Death Certificates

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.

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



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