



202609090148

09/09/2026 09:07 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.2942
SEP 09 2026

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By GT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Qinlin Tang, 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 the spouse

Relationship to decedent

of Pat Styles, who died on 07/19/2026

Decedent/Grantor

Date

at Mount Vernon Skagit WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 106, PLAT OF HIGHLAND GREENS DIVISION 1, PHASE A, ACCORDING TO
THE PLAT THEREOF RECORDED ON MAY 22, 2014 UNDER AUDITOR'S
FILE NO. 201405220062, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P131939/6018-000-000-0106
(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 _____)

Qinlin Tang, 60, Spouse, 3053 Stone Haven Alley,
Mount Vernon, WA 98273
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 09-09-2026Qinlin Tang

Affiant's full name

206-588-5950

Telephone number

3053 Stone Haven AlleyMount VernonWA98273

City

State

Zip Code

[Signature]09-09-2026

Signature

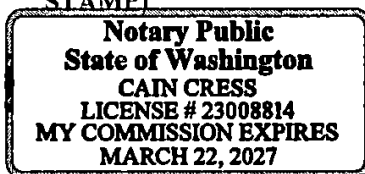
Date

State of Washington County of Skagit

I know or have satisfactory evidence that

Qinlin Tang
(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: 9 / 09 / 26[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mount VernonNotary Public in and for the State of WAMy appointment expires: 3 / 27

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-035436

DATE ISSUED: 07/22/2026
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAT
LAST NAME(S): STYLES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 19, 2026
HOUR OF DEATH: 01:28 AM
SEX: MALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEW YORK, NEW YORK

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: QINLIN TANG

OCCUPATION: SOFTWARE ENGINEER
INDUSTRY: COMPUTER SERVICES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: QINLIN TANG
RELATIONSHIP: WIFE
ADDRESS: 3053 STONE HAVEN ALY MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 30 MINUTES
B: MYOCARDIAL ISCHEMIA
INTERVAL: 3 HOURS
C: CORONARY ARTERY DISEASE
INTERVAL: 10 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNKNOWN

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: HOSPITAL EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

RESIDENCE STREET: 3053 STONE HAVEN ALY
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-3634
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: DOUGLAS FREDERICK STYLES
MOTHER: MARGRETTA MARCIA [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 22, 2026

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: MICHAEL W. RYAN

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ALINA KHURGEL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 300 HOSPITAL PKWY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 22, 2026

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JULY 22, 2026

DOH422-182SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

**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
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Required	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 ☐ 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 2nd 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

- 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).

<u>Child under 18</u> - If legal guardian(s), include certified court order proving guardianship. - Up to age one or up to one year following the filing of an Acknowledgement 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.	<u>Adult (18 years or older)</u> - 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.
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*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

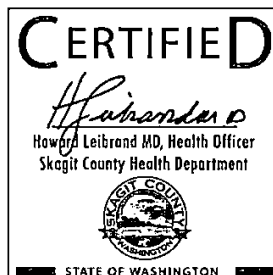
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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