UNOFFICIAL DOCUMENT

202610010109
10/01/2026 02:45 PM Pages: 1 of 6 Fees: $308.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026-32606
OCT 01 2026
Amount Paid $ -0-
Skagit Co. Treasurer
By ce Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Emma Schroder (*Name of Affiant*) being first duly sworn 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 wife (*Relationship to decedent*) of Robert L Schroder (*Decedent/Grantor*), who died on 7-11-25 (*Date*) at Everett (*City*) Snohomish (*County*) Wa. (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
see exhibit A
ptn Lots 12-13 Bl 3 mount Vernon Heights Add etal

Assessor's Property Tax Parcel/Account Number: P53906 - P31355 - P31358
(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)

Emma Schroder
Full name, age, relationship, address
wife 718 N. 14th St. Mt. 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

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Dated: Oct. 1; 2026

Emma Schroder
Affiant's full name

360 982-0526
Telephone number

718 N. 14th St
Street

Mt. Vernon | Wa. | 98273
City | *State* | *Zip Code*

Emma Schroder | Oct 1 2026
Signature | *Date*

State of Washington County of Skagit

I know or have satisfactory evidence that Emma Schroder
(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: 10/01/26

Signature of Notary Public

(SEAL OR STAMP)

Notary Public
State of Washington
CAIN CRESS
LICENSE # 23008814
MY COMMISSION EXPIRES
MARCH 22, 2027

Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 3 / 27

REV 84 0017 (1/3/17)

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EXHIBIT "A"

LEGAL DESCRIPTION

P53906: (0.2000 ac) THE NORTH 50 FEET OF LOT 12 AND THE SOUTH 20 FEET OF LOT 13, BLOCK 3, MOUNT VERNON HEIGHTS ADDITION, MOUNT VERNON, WASHINGTON, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 5 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON.

P31355: (1.4500 ac) TR B IN S/P 13-79 AF#7903200013 BEING A PTN OF NE1/4 SW1/4, SECTION 12, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M.

P31358: (1.3200 ac) TRACT A OF SKAGIT COUNTY SHORT PLAT NUMBER 13-79 RECORDED UNDER AUDITOR'S FILE NUMBER 7903200013 BEING A PORTION OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER, SECTION 12, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M.

202610010109

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2025-034955**
LOCAL FILE NUMBER: **3285**
DATE ISSUED: **07/15/2025**
FEE NUMBER: **310725**

FIRST AND MIDDLE NAME(S): **ROBERT LEROY**
LAST NAME(S): **SCHRODER**

COUNTY OF DEATH: **SNOHOMISH**
DATE OF DEATH: **JULY 11, 2025**
HOUR OF DEATH: **09:47 PM**
SEX: **MALE** AGE: **78 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **SEDRO-WOOLLEY, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **EMMA LEE MUGFORD**

OCCUPATION: **ELECTRICIAN**
INDUSTRY: **TRANSPORTATION - WATER**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **EMMA LEE SCHRODER**
RELATIONSHIP: **SPOUSE**
ADDRESS: **718 N 14TH ST, MOUNT VERNON, WA 98273**

PLACE OF DEATH: **HOSPITAL**
FACILITY OR ADDRESS: **PROVIDENCE REGIONAL MED CENTER**
CITY, STATE, ZIP: **EVERETT, WASHINGTON 98201-4147**

RESIDENCE STREET: **718 N 14TH ST**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **2 YEARS**

FATHER: **REUBEN THEODORE SCHRODER**
MOTHER: **HAZEL** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **SEATTLE SERVICE GROUP CREMATORY**

CITY, STATE: **SEATTLE, WASHINGTON**
DISPOSITION DATE: **JULY 15, 2025**

FUNERAL FACILITY: **NEPTUNE SOCIETY - LYNNWOOD**

ADDRESS: **4320 196TH ST SW - STE. C**
CITY, STATE, ZIP: **LYNNWOOD, WASHINGTON 98036**
FUNERAL DIRECTOR: **SHANNON EXASTRIS**

CAUSE OF DEATH:
A: **MYELODYSPLASTIC SYNDROME WITH LIKELY TRANSFORMATION TO ACUTE LEUKEMIA**
INTERVAL: **MONTHS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **RHEUMATOID ARTHRITIS, OBSTRUCTIVE SLEEP APNEA, HYPERTENSION**

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**

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**

CERTIFIER NAME: **JEDEDIAH DOANE, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1700 13TH STREET**
CITY, STATE, ZIP: **EVERETT, WASHINGTON 98201**
DATE SIGNED: **JULY 14, 2025**

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

LOCAL DEPUTY REGISTRAR: **STEPHANIE ANDERSON**
DATE RECEIVED: **JULY 15, 2025**

NOT VALID IF PHOTOCOPIED OR ALTERED

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Washington State Department of Health
DOH 422-034 August 2019

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 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

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 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.

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.

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

CERTIFIED
James Lewis, MD
HEALTH OFFICER
SNOHOMISH COUNTY HEALTH DEPARTMENT
STATE OF WASHINGTON

0 7 6 0 7 4 6 4

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