

Return Address:

Tracey L.G. Hugel
206 Swinomish Drive
La Conner, WA 98257

Land Title & Escrow Company
Order Number: 01-183989-OE

State of Washinton
County of Skagit

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Heather Beauvais
Affidavit No. 2021-2182
Date 05/17/2021

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Tracey L.G. Hugel, Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Shannon R. Hugel
3. The decedent died on 4/4/2021 (date) at La Conner (City), Skagit (County), Washington (State).
4. My relationship to the decedent is as follows: Surviving Spouse
5. I am/ We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

A leasehold interest in the following described tract:

Lot 206, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Tax ID Number: P128834; S3402350001

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
Tracey L.G. Hugel	54	Spouse

Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	

DATED this 12th, day of May, 2021.

Tracey L.G. Hugel
 Tracey L.G. Hugel
 206 Swinomish Drive, La Conner, WA 98257

State of: WA

County of: Skasit

I certify that I know or have satisfactory evidence that Tracey L.G. Hugel is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

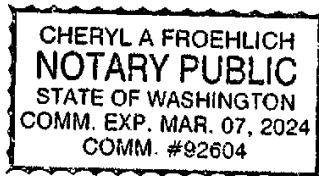
Dated: 5-12-21

[Signature]
 Signature

Notary
Title

My appointment expires: 3-7-24

Seal or Stamp



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2021-015932

DATE ISSUED 04/06/2021
FEE NUMBER

FIRST AND MIDDLE NAME(S): SHANNON TROY
LAST NAME(S): HUGEL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 04, 2021
HOUR OF DEATH: 11:45 AM
SEX: MALE AGE: 55 YEARS
SOCIAL SECURITY NUMBER

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 206 SWINOMISH DR
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

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

RESIDENCE STREET: 206 SWINOMISH DR
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE
BIRTHPLACE: KALISPELL, MT

FATHER: BENEDICT GEORGE HUGEL
MOTHER

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: TRACEY LYNNE GROENE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: SENIOR FINANCIAL TAX ANALYST
INDUSTRY: STATE GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: APRIL 06, 2021

INFORMANT: TRACEY HUGEL
RELATIONSHIP: WIFE
ADDRESS:

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH
A. STAGE 4 RENAL CELL CANCER
INTERVAL: 9 MONTHS
B.
INTERVAL
C.
INTERVAL
D.
INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSE

DATE OF INJURY
HOUR OF INJURY
INJURY AT WORK
PLACE OF INJURY

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 05, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:


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

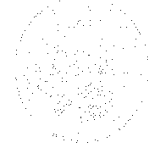
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: APRIL 05, 2021

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

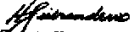
		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300		
This is a legal document. Complete in ink and do not alter.						
STATE OFFICE USE ONLY						
State File Number		Fee Number		Initials	Date	
Affidavit Number						
Required	Required information must match current information on record					
	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:	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	6. Name of Person Requesting Correction:			Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
	7. Return Mailing Address:					
Telephone Number:						
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 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:						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 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)						
<ul style="list-style-type: none"> • 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

APR 06 2021


 Skagit County Health Department
 Howard Leibrand M.D., Health Officer



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