



Return Address:

201807270056

07/27/2018 12:02 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

Document Title:

Death Certificate

Reference Number (if applicable):

Grantor(s):

☐ additional grantor names on page

- 1) Washington State of
- 2) LEONID S. STEPURA

Grantee(s):

☐ additional grantor names on page

- 1) Leonid S. Stepura
- 2)

Abbreviated Legal Description:

☐ full legal on page(s)

LT 4 MOORES Garden T&W PTN GOV.  
LT1 19-34-4 E WM.

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page

P# 67534

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

10183299

JUL 27 2018

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

2018-02-02 PM Page 2 of 3

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-029320

DATE ISSUED: 07/06/2018

FEE NUMBER: 310718

FIRST AND MIDDLE NAME(S): LEONID STEPANOVICH  
LAST NAME(S): STEPURA

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 28, 2018  
HOUR OF DEATH: 01:15 AM  
SEX: MALE AGE: 53 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ZHYTOMYR OBLAST UKRAINE

MARITAL STATUS: MARRIED  
SPOUSE: LYUBOV ALEKSANDROVNA FUNK

OCCUPATION: AUTOBODY REPAIR  
INDUSTRY: AUTOMOTIVE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: LYUBOV A STEPURA  
RELATIONSHIP: WIFE  
ADDRESS: 10713 52ND AVE NE, MARYSVILLE WA 98270

CAUSE OF DEATH:  
A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA AND HYPERCARBIA  
INTERVAL: 6 HOURS  
B: RENAL CELL CARCINOMA, METASTATIC  
INTERVAL: 6 MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 18175 MOORES GARDEN RD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-8710  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: STEPAN STEPURA  
MOTHER/PARENT: NADEZHDA EFIMOVNA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: CYPRESS LAWN MEMORIAL PARK

CITY, STATE: EVERETT, WASHINGTON  
DISPOSITION DATE: JULY 09, 2018

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1321 STATE AVE  
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270  
FUNERAL DIRECTOR: LINDSAY K. HERNANDEZ

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JEFFREY W. MILLER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: JULY 05, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JULY 05, 2018

DOH 422-132 Snohomish (10/17)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201807270056

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

07/27/2018 12:02 PM  
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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City and County
	4. Father/Parent Full Legal 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: <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: P.O. 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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: Printed name: Date:	16b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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## INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

### 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.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

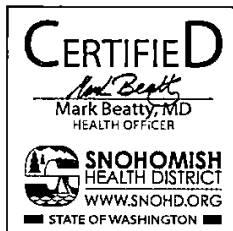
### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



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



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