20180924060
09/24/2018 02:41 PM Pages: 1 of 3 Fees: $39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

02-168039-OE, 02-168039-OE ✓

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

Land Title

GRANTEE:
John Paul Olson

ABBREVIATED LEGAL DESCRIPTION:
Lot 6, SP ANA-94-003, AF #9603050070; Being A Ptn NW ¼ NW ¼, 27-35-1 E W.M.

TAX PARCEL NUMBER(S): 350127-2-004-1200 / P108683

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 667-07

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: John	Middle: Paul	LAST: OLSON	Suffix	2. Death Date: Aug 21, 2007	
3. Sex (M/F): M	4a. Age - Last Birthday: 66	4b. Under 1 Year (Months / Days)	4c. Under 1 Day (Hours / Minutes)	5. Social Security Number: [redacted]	6. County of Death: Skagit
7. Birthdate: [redacted]	8a. Birthplace (City, Town, or County): Crookston	8b. (State or Foreign Country): Minnesota	9. Decedent's Education: Master's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No	11. Decedent's Race(s): Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 4310 Queen Anne Way			13b. City or Town: Anacortes		
13c. Residence: County: Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98221	13g. Inside City Limits? ☑ Yes ☐ No ☐ Unk	
14. Estimated length of time of residence: 3 Years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's Name (Give name prior to first marriage): Paula Marie Schulberg			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Software Engineer		18. Kind of Business/Industry (Do not use Company Name): Aeronautical Industry			
19. Father's Name (First, Middle, Last, Suffix): Gunerius (nmn) Olson		20. Mother's Name Before First Marriage (First, Middle, Last): Swanhild Aurora [redacted]			
21. Informant's Name: Paula Marie Olson	22. Relationship to Decedent: Wife	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 4310 Queen Anne Way / Anacortes / WA / 98221			
24. Place of Death, if Death Occurred in a Hospital		Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location): 4310 Queen Anne Way		26a. City, Town, or Location of Death: Anacortes	26b. State: WA	27. Zip Code: 98221	
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Northwest Crematory		30. Location-City/Town, and State: Anacortes, WA		
31. Name and Complete Address of Funeral Facility: Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-			32. Date of Disposition: 8-22-2007		
33. Funeral Director Signature X: Bernard J. Sullivan					

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Bladder Cancer		11 years
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	Due to (or as a consequence of):	Interval between Onset & Death
	c.	Due to (or as a consequence of):	Interval between Onset & Death
	d.	Due to (or as a consequence of):	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? ☐ Yes ☑ No

37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☑ No

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

41. Date of Injury (MM/DD/YYYY)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street / Apt No / City or Town / County / State / Zip Code + 4

46. Describe how injury occurred

47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. X [signature]

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Dr. Oliver A Batson, M.D. 1717 13th-St[illegible] WA 98201

50. Hour of Death (24hrs): 04:20 AM

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)):

52. Date Signed (MM/DD/YYYY): 8-21-2007

53. Title of Certifier: M.D.

54. License Number: MD00028[illegible]

55. ME/Coroner File Number: [illegible]9278

56. Was case referred to ME/Coroner? XX Yes ☐ No

57. Registrar Signature X [signature] Deputy Registrar

58. Date Received (MM/DD/YYYY): SEP - 4 2007

59. Amendments

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

Washington State Department of Health

Affidavit for Correction

201809240060 Center for Health Statistics
09/24/2018 02:41 PM Page 3 of 3
P.O. Box 9709
Olympia, WA 98507-9709
(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

Use the section below for requesting any changes on the record.

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth); (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other (Specify)**	Telephone Number:

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

15. Signature:	16. Date:	17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:
- Certificate of Naturalization
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
   - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED
TERESA JENNINGS
STATE REGISTRAR
OF VITAL RECORDS
DO NOT DESTROY

PP00133680

NOV 01 2007