



201902010026

02/01/2019 11:04 AM Pages: 1 of 4 Fees: \$102.00
Skagit County Auditor

Return Address:

David Day
1023 S 3rd
Mount Vernon WA 98273

Document Title:

Community Property Agreement

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____

- 1) Roben Bjorking & Etel Bjorking W/W
- 2) _____

Grantee(s):

additional grantor names on page ____

- 1) Roben Bjorking
- 2) _____

Abbreviated Legal Description:

full legal on page ____

Lot 10 Plat of Vista Too

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019359
FEB 01 2019

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

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P82885

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-054139

DATE ISSUED: 12/12/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ETEL MARITA
LAST NAME(S): BJORKING

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 21, 2018
HOUR OF DEATH: 12:35 PM
SEX: FEMALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 2312 VISTA LANE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MUNSALA FINLAND

FATHER/PARENT: VICTOR NYLUND
MOTHER/PARENT: JENNY [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: RUBEN BJORKING

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

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: DECEMBER 11, 2018

INFORMANT: MATS PETER BJORKING
RELATIONSHIP: SON
ADDRESS: 2312 VISTA LANE, ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:
A: MYOCARDIAL INFARCTION
INTERVAL: 2 HOURS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSE

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

CERTIFIER NAME: MICHAEL LANKER, DO
TITLE: DO
CERTIFIER ADDRESS: 1211 24TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: DECEMBER 10, 2018

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: MARIA VIVANCO
DATE RECEIVED: DECEMBER 11, 2018

Affidavit for Correction

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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, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record.

7. Return Mailing Address: Street, 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:

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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

16a. Signature, 16b. Signature of 2nd parent (if required), Printed name, Date

INSTRUCTIONS - go to 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

- 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).
3. 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

- 1. 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.
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 documentary proof.
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.

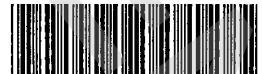
DOH 422-034 October 2015



CERTIFIED

DEC 12 2018

Signature of Howard Leibrand M.D., Health Officer



0 2 0 2 3 3 6 3

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