



**201906260073**

06/26/2019 02:49 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

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DOCUMENT TITLE(S): Washington State Certificate of Death

REFERENCE NUMBER(S):

GRANTOR: State of Washington

GRANTEE: Robert B. Olson (Deceased)

LEGAL DESCRIPTION: The North 75 feet of Tract 19 and the South 20 feet of Tract 20, "Country Lane Addition", as per plat recorded in Volume 7 of plats, page 37, records of Skagit County, Washington.  
Situate in the County of Skagit, State of Washington.

ASSESSOR PARCEL / TAX ID NUMBER: **P64616 3890-000020-0003**

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-056259

DATE ISSUED: 12/26/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT BRUCE

LAST NAME(S): OLSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 20, 2018

HOUR OF DEATH: 08:35 AM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: WI

MARITAL STATUS: MARRIED

SPOUSE: MARIANNE HELEN LUDWIG

OCCUPATION: CARTOGRAPHER

INDUSTRY: US GEOLOGICAL SURVEY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: MARIANNE HELEN OLSON

RELATIONSHIP: WIFE

ADDRESS: 12204 COUNTRY LANE, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: HEMORRHAGIC STROKE

INTERVAL: 3 HOURS

B: LOVENOX THERAPY

INTERVAL: WEEKS

C: STATUS POST RIGHT HIP HEMIARTHROPLASTY

INTERVAL: WEEKS

D: CLOSED RIGHT HIP FRACTURE AFTER A GROUND LEVEL FALL

INTERVAL: WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

DATE OF INJURY: OCTOBER 25, 2018

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 12204 COUNTRY LANE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 12204 COUNTRY LANE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: GILBERT OLSON

MOTHER/PARENT: ANNA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 24, 2018

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 261 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: PAUL L. GIBSON

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

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: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: DECEMBER 23, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 18SK0386

ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR: LINDA FERRARIO

DATE RECEIVED: DECEMBER 24, 2018



# Affidavit for Correction

Washington State Department of Health  
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 |
|-------------------|------------|----------|------|------------------|

  

|                 |   |  |   |                    |
|-----------------|---|--|---|--------------------|
| <b>Required</b> | <b>Required information must match current information on record</b>  |  |   |                    |
|                 | 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 Legal 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:          | 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: | 16b. Signature of 2 <sup>nd</sup> parent (if required): |
| Printed name:   | Printed name:   |
| Date:           | Date:   |

  

**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.

# \*CERTIFIED\*

DEC 26 2018

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



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