



202009080195

09/08/2020 02:39 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

Document Title:

Death Certificate

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. Stacy Oscar Faaberg

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

Lot 15, Trowbridge Addition to Sedro Woolley, according to the plat thereof recorded in Volume  
3 of Plats, pages 33, records of Skagit County.

Except the South 141 feet of the West 45 feet thereof

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

P77353

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

SEP 08 2020

Amount Paid \$  
Skagit Co. Treasurer  
By Deputy

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-002356

DATE ISSUED: 01/21/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): STACY OSCAR  
LAST NAME(S): FAABERG

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 17, 2020  
HOUR OF DEATH: 06:42 PM  
SEX: MALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OR

MARITAL STATUS: SINGLE, NEVER MARRIED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ASSEMBLYMAN  
INDUSTRY: AEROSPACE  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

INFORMANT: SANDRA BROWN  
RELATIONSHIP: SISTER  
ADDRESS: 301 W STATE STREET SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: DIFFUSE LARGE B-CELL LYMPHOMA  
INTERVAL: 17YEARS  
B:  
INTERVAL:  
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: UNITED GENERAL HOSPITAL  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 301 W STATE STREET  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: RUDOLPH OSCAR FAABERG  
MOTHER: EILEEN ROSE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 21, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL  
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: EDUARDO GOO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
DATE SIGNED: JANUARY 20, 2020

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JANUARY 21, 2020



## Affidavit for Correction

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Washington State Department of Health  
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
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## Required information must match current information on record

Required	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 or County)
	4. Father/Parent Full Birth 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: PO Box or Street Address City State Zip			
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Telephone Number: ( )	Email Address:
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## 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 2nd parent (if required):	
Printed name:	Date:	Printed name:	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
 

<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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- \*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.

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

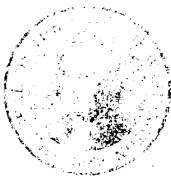
## Death Certificates

- 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). 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 January 2015



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

\*CERTIFIED\*

JAN 21 2020

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



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