



202012290264


12/29/2020 02:42 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

2020-5558  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

DEC 29 2020

Document Title:

Death Certificate

Amount Paid \$ —  
Skagit Co. Treasurer  
By  Deputy

Reference Number :

201906120046  
Grantor(s):

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

1. Jeffrey Scott Kelling

2.

Grantee(s):

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

1. Steven Kelling

2.

Abbreviated legal description:

☒ full legal on page(s) 3.

Ptn Lot 3, All Lot 4 Ptn Lot 5 Blk 40 First Add. to Town of Sedro.

Assessor Parcel / Tax ID Number:

P75774

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-042511

DATE ISSUED: 09/22/2020

FEE NUMBER: 114250598

FIRST AND MIDDLE NAME(S): JEFFREY SCOTT

LAST NAME(S): KELLING

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 11, 2020

HOUR OF DEATH: 12:10 PM

SEX: MALE AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DENVER, CO

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE

INDUSTRY: HEALTHCARE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: STEVEN KELLING

RELATIONSHIP: SON

ADDRESS: 9702 17TH AVE NE SEATTLE, WA 98115

CAUSE OF DEATH:

A: CARDIOPULMONARY ARREST

INTERVAL: MINUTES

B: GLIOBLASTOMA

INTERVAL: YEARS

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: HOME

FACILITY OR ADDRESS: 1111 WARNER STREET

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284-1852

RESIDENCE STREET: 1111 WARNER STREET

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: RALPH VICTOR KELLING

MOTHER: SHIRLEY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: SEPTEMBER 16, 2020

FUNERAL FACILITY: ALPHA-OMEGA BURIAL &amp; CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MORGAN F. MERRILL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1990 HOSPITAL DR

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

DATE SIGNED: SEPTEMBER 15, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 16, 2020



## Affidavit for Correction

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 Cell Phone 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 |
|-------------------|------------|----------|------|------------------|

|  |   |  |   |  |
|--|---|--|---|--|
| 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:<br>First Middle Last   |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>(City or County) |
|  | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden   |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>First Middle Last/Maiden |  |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital<br>Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____ |   |  |   |  |

|  |  |                |       |     |
|--|--|----------------|-------|-----|
| 7. Return Mailing Address:<br>PO Box or Street Address |  | City           | State | Zip |
| Telephone Number:<br>( )                               |  | Email Address: |       |     |

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

|                             |  |                   |  |
|-----------------------------|--|-------------------|--|
| The record currently shows: |  | The true fact is: |  |
| 8.                          |  | 9.                |  |
| 10.                         |  | 11.               |  |
| 12.                         |  | 13.               |  |

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

|                 |       |   |       |
|-----------------|-------|---|-------|
| 14a. Signature: |       | 14b. Signature of 2 <sup>nd</sup> parent (if required): |       |
| Printed name:   | Date: | Printed name:   | Date: |

INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

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

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

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

## 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

## Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

\*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.

## Adult (18 years or older)

- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

## Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

*Jean Remsbecker*

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



0 4 0 1 8 0 5 3