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04/19/2021 10:37 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Document Title:

DEATH CERTIFICATE

Reference Number:

201906120023

Grantor(s):

☐ additional grantor names on page ____.

1. ALAN K SWANBERG DECEASED

2.

Grantee(s):

☐ additional grantee names on page ____.

1. RITA L SWANBERG SURVIVING SPOUSE

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P101426, P28317, P28318, P58008

2021-1662
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 19 2021

Amount Paid \$
Skagit Co. Treasurer
By Deputy

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-024785

DATE ISSUED: 07/31/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ALAN K
LAST NAME(S): SWANBERG

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 02, 2019
HOUR OF DEATH: 07:03 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RITA MAHN

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: RITA SWANBERG
RELATIONSHIP: WIFE
ADDRESS: 1201 S 10TH ST MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: SUBDURAL AND SUBARACHNOID HEMORRHAGE
INTERVAL: 6 WEEKS
B: MULTIPLE FALLS
INTERVAL: 6 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, RECURRENT FALLS LIKELY CAUSED BY VERTEBRAL ARTERY STENOSIS, RECENT URINARY TRACT INFECTION CAUSING AGITATION AND FURTHER FALLS.

DATE OF INJURY: APRIL 20, 2019
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 1201 S. 10TH ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL
LIKELY SYNCOPAL IN NATURE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1201 S 10TH ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1201 S 10TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: HAROLD SWANBERG
MOTHER: ESTHER [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 04, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JUNE 04, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 19SK0195
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 04, 2019



Affidavit for Correction

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This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)			
7. Return Mailing Address: PO Box or Street Address 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:

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 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
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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

JUL 31 2020

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


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