



arise by statutory or other implication, and does hereby covenant to warrant and defend said real estate against all persons whomsoever lawfully claiming or to claim by, through, or under said Grantor, and not otherwise.

DATED this 30 day of April, 2021.

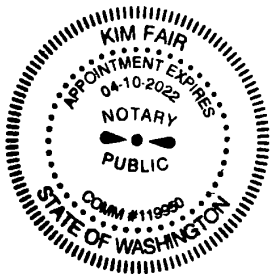
**STARKOVICH TRUST dated 3/30/1992**

By *Sheryl D. Underwood*  
**SHERYL D. UNDERWOOD,**  
Trustee

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **SHERYL D. UNDERWOOD** is the person who appeared before me, and said person acknowledged that she was authorized to execute this instrument and acknowledged it as the Trustee of the **STARKOVICH TRUST dated 3/30/1992**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 30 day of April, 2021.



*Kim Fair*  
Printed Name Kim Fair  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 04-10-22



# STATE OF WASHINGTON DEPARTMENT OF HEALTH


**CERTIFICATE OF DEATH**

DATE ISSUED: 03/02/2021  
FEE NUMBER: 31032021

CERTIFICATE NUMBER: 2021-009881

FIRST AND MIDDLE NAME(S): **YVONNE ARLINE**  
LAST NAME(S): **STARKOVICH**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **FEBRUARY 24, 2021**  
HOUR OF DEATH: **04:40 AM**  
SEX: **FEMALE** AGE: **85 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: **CORDOVA, AK**

MARITAL STATUS: **WIDOWED**  
SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **HOMEMAKER**  
INDUSTRY: **OWN HOME**  
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
US ARMED FORCES: **NO**

INFORMANT: **SHERYL UNDERWOOD**  
RELATIONSHIP: **DAUGHTER**  
ADDRESS: **705 ORTH WAY, SEDRO-WOOLLEY, WA 98284**

CAUSE OF DEATH:  
A: **SEVERE HYPERCALCEMIA**  
INTERVAL: **DAYS**  
B: **PRESUMED METASTATIC CANCER, PROBABLY LUNG**  
INTERVAL: **MONTHS**  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **SENILE DEMENTIA**

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: **705 ORTH WAY**  
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **705 ORTH WAY**  
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WA 98284**  
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **35 YEARS**

FATHER: **PAUL CLINTON HERRING**  
MOTHER: **SARA [REDACTED]**

METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **AMERICAN CREMATION SERVICES**

CITY, STATE: **STANWOOD, WASHINGTON**  
DISPOSITION DATE: **MARCH 02, 2021**

FUNERAL FACILITY: **AMERICAN CREMATION AND CASKET ALLIANCE**

ADDRESS: **8808 271ST ST NW**  
CITY, STATE, ZIP: **STANWOOD, WASHINGTON 98292**  
FUNERAL DIRECTOR: **AMY H. BERMAN**

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: **LESLIE A. ESTEP, MD**  
TITLE: **PHYSICIAN**  
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
DATE SIGNED: **FEBRUARY 24, 2021**

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

LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**  
DATE RECEIVED: **MARCH 01, 2021**



**Affidavit for Correction**

05/03/2021 11:23 AM Page 4 of 4  
 Manito, Center of 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:
	First	Middle	Last	MM/DD/YYYY (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First	Middle	Last/Maiden	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				
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 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 Record
- 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 form 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.

**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 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.

\*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.

**Death Certificates**

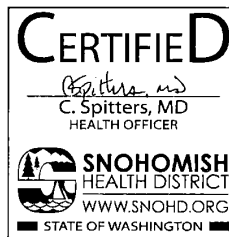
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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