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07/01/2022 08:44 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

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

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY *Aena Johnson*  
DATE *11-30-22*

DOCUMENT TITLE(S): CERTIFICATE OF DEATH  
REFERENCE NUMBER(S): SKAGIT COUNTY CAUSE NO. 21-4-00411-29  
GRANTOR: STATE OF WASHINGTON  
GRANTEE: STEVE P. THRONSEN (DECEASED)  
ASSESSOR'S PARCEL NO.: P20782 (340227-0-036-0005)

LEGAL DESCRIPTION:

Tract "A", Skagit County Short Plat No. 18-74, according to the map thereof, recorded on July 26, 1974, under Skagit County Auditor's File No. 804139, being a portion of the South 75 feet of the North 1,065 feet of Government Lot 1, Section 27, Township 34 North, Range 2 East of the Willamette Meridian;

EXCEPT the East 530.4 feet of the South 75 feet of the North 1,065 feet of Government Lot 1, of said Section 27, Township 34 North, Range 2 East of the Willamette Meridian;

EXCEPT county roads, if any;

TOGETHER WITH an easement for access and utilities over and across the South 20 feet of the East 530.4 feet of the South 75 feet of the North 1,065 feet of Government Lot 1 of said Section 27, Township 34 North, Range 2 East of the Willamette Meridian, EXCEPT any portion lying within county road right of way, therein.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-041214

DATE ISSUED: 08/25/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVE PAUL

LAST NAME(S): THRONSEN

COUNTY OF DEATH: KING

DATE OF DEATH: AUGUST 21, 2021

HOUR OF DEATH: 04:20 AM

SEX: MALE AGE: 77 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DIANA LUND

OCCUPATION: MANAGER

INDUSTRY: MANUFACTURING

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: DIANA THRONSEN

RELATIONSHIP: WIFE

ADDRESS: 16170 SNEE-OOSH ROAD LA CONNER, WA 98257

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: DAYS

B: ASPIRATION PNEUMONIA

INTERVAL: DAYS

C: ACUTE METABOLIC ENCEPHALOPATHY

INTERVAL: WEEKS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
CHRONIC SYSTOLIC AND DIASTOLIC HEART FAILURE, ASTHMA, CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE

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: SWEDISH MEDICAL CENTER - FIRST HILL

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 16170 SNEE-OOSH ROAD

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: PAUL THRONSEN

MOTHER: JUNE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 25, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JANICE M. CONNOLLY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 747 BROADWAY

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

DATE SIGNED: AUGUST 21, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: JANICE CONNOLLY, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN

DATE RECEIVED: AUGUST 25, 2021



Affidavit for Correction

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Washington State Department 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

Required information must match current information on record  
Record Type: Birth Death Marriage Dissolution (Divorce)  
1. Name on Record: 2. Date of Event: 3. Place of Event:  
4. Father/Parent Full Birth 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: Self Guardian Informant Hospital 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 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 2nd parent (if required):  
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to 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  
1. 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.  
2. 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.  
3. Proof documentation must be five or more years old or established within five years of birth.  
4. 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.  
\*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 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.

Death Certificates  
1. 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.  
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates  
1. 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.  
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

\*CERTIFIED\*

AUG 25 2021

Handwritten signature

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



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



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