

When Recorded, return to:

Certified Fiduciary Services, Inc.
20542 N. Lake Pleasant Road #119
Peoria, Arizona 85382

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/21/2023

Death Certificate for Brian Richard Faber
DOCUMENT TITLE

This document is being recorded in Skagit County where the Decedent holds title to real property.

Grantors: Brian Faber, Sondra Faber.

Legal Description:

For APN/Parcel ID(s): P60047 / 3827-000-033-0014

LOT 33, SKYLINE NO. 11, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 78 AND 79, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THAT PORTION OF GOVERNMENT LOT 1, SECTION 27, TOWNSHIP 35 NORTH, RANGE 1 EAST, OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE MOST SOUTHERLY CORNER OF LOT 33, SKYLINE NO. 11, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 78 AND 79, RECORDS OF SKAGIT COUNTY, WASHINGTON; THENCE SOUTH 76°48'12" WEST 59.59 FEET; THENCE NORTH 48°15'25" WEST 56.32 FEET; THENCE NORTH 62°32'20" EAST 101.17 FEET TO THE SOUTHEASTERLY CORNER OF LOT 32; THENCE SOUTH 22°12'54" WEST 20.00 FEET; THENCE SOUTH 18°55'05" EAST 55.00 FEET TO THE POINT OF BEGINNING; EXCEPTING THAT PORTION, IF ANY, LYING WITHIN THE BOUNDARIES OF SKYLINE SHORT PLAT, AS RECORDED IN VOLUME 6 OF SHORT PLATS, PAGES 87 THROUGH 90, UNDER AUDITOR'S FILE NO. 8310120030, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

DO NOT DISCARD THIS PAGE. THIS COVER PAGE IS RECORDED AS PART OF YOUR DOCUMENT. THE CERTIFICATE OF RECORDATION WITH THE FEE NUMBER IN THE UPPER RIGHT CORNER IS THE PERMANENT REFERENCE NUMBER OF THIS DOCUMENT IN THE SKAGIT COUNTY RECORDER'S OFFICE.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-047112

DATE ISSUED: 09/27/2021
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): BRIAN RICHARD
LAST NAME(S): FABER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 19, 2021
HOUR OF DEATH: 01:00 AM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 30825 WALBERG ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 30825 WALBERG ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOLINE, IL

FATHER: DELBERT A FABER
MOTHER: ENID G [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SONDRA LEE STRAWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: DENTIST
INDUSTRY: MEDICAL
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 25, 2021

INFORMANT: SONDRA FABER
RELATIONSHIP: SPOUSE
ADDRESS: 30825 WALBERG ROAD, SEDRO-WOOLLEY, WA. 98284

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:
A: PRESUMED ACUTE KIDNEY INJURY
INTERVAL: 10 DAYS
B: PRESUMED RHABDOMYOLYSIS
INTERVAL: 10 DAYS
C: GROUND LEVEL FALL
INTERVAL: DAYS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA OF UNKNOWN TYPE

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

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOME

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 21, 2021

LOCATION OF INJURY: 30825 WALBERG RD

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED FALL IN SHOWER.

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 210919-415
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: SEPTEMBER 22, 2021

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR REPRODUCED

Washington State Department of Health
 DOH 422-034 August 2019

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

Mail to: Center for Health Statistics
 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 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:	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: <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:

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 foregoing is true and correct.

14a. Signature: _____ 14b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

Required proof documentation must be submitted to the Department of Health, Center for Health Statistics, 1000 Washington Street, Olympia, WA 98504-7814.

- 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 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

- 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 Greg Thompson, Health Officer.

Greg Thompson

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

