



**202304270145**


04/27/2023 12:30 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

File for record and return to:  
Stiles Law Inc., P.S.  
P. O. Box 228  
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 6273

APR 27 2023

Amount Paid \$ 0  
Skagit Co. Treasurer  
By  Deputy

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DOCUMENT TITLE:	Death Certificate
Reference Document:	Revocable Transfer on Death Deed – AF#202103300145
Grantor(s):	Carl August Wibbelman
Grantee(s):	Clara Simek
Abbreviated legal:	AVANTI ACRES, LOT 5
Parcel / Tax ID Number:	P119914 / 4806-000-005-0000

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-060160

DATE ISSUED: 05/16/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **CARL AUGUST**  
LAST NAME(S): **WIBBELMAN**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **NOVEMBER 24, 2021**  
HOUR OF DEATH: **09:00 AM**  
SEX: **MALE** AGE: **81 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: **WOODINVILLE, WA**

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

OCCUPATION: **OWNER/ OPERATOR**  
INDUSTRY: **AUTO REPAIR**  
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
US ARMED FORCES: **YES**

INFORMANT: **JULEEN PERUSEK**  
RELATIONSHIP: **DAUGHTER**  
ADDRESS: **6638 BRIDGEWATER LANE, SEDRO-WOOLLEY, WA 98284**

CAUSE OF DEATH:  
A: **VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE**  
INTERVAL: **YEARS**  
B: **HISTORY OF CEREBRAL VASCULAR ACCIDENT**  
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: **DECEDENT'S HOME**  
FACILITY OR ADDRESS: **26204 HELMICK ROAD**  
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **26204 HELMICK ROAD**  
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284**  
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **15 YEARS**

FATHER: **ALBERT GEORGE WIBBELMAN SR**  
MOTHER: **MYRTLE MARIAN** [REDACTED]

METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**  
DISPOSITION DATE: **NOVEMBER 30, 2021**

FUNERAL FACILITY: **LEMLEY CHAPEL**

ADDRESS: **1008 THIRD ST**  
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**  
FUNERAL DIRECTOR: **DOUGLAS E. HUTTER**

MANNER OF DEATH: **NATURAL**  
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: **DEBORAH NORTH, MD**  
TITLE: **PHYSICIAN**  
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
DATE SIGNED: **NOVEMBER 24, 2021**

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

LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**  
DATE RECEIVED: **NOVEMBER 29, 2021**



# Affidavit for Correction

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

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
<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:		
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:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.	9.			
10.	11.			
12.	13.			
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:	Date:	Printed name:	Date:	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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\*

MAY 16 2022

*Howard Leibrand*

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



0 5 4 9 3 5 4 5

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