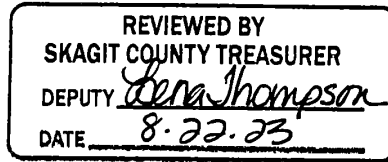




**202308220056**

08/22/2023 03:11 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273



DOCUMENT TITLE(S):

WASHINGTON CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

N/A

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

HAROLD A. ALBERTS (Deceased)

ASSESSOR'S PARCEL NUMBER:

P128898 (5100-004-712-0000)

LEGAL DESCRIPTION:

Lot #712, "SURVEY OF SHELTER BAY DIV. 4, Tribal and Allotted Lands of Swinomish Indian Reservation," according to the Survey recorded July 8, 1970, in Volume 48 of Official Records, pages 627 through 631, under Auditor's File No. 740962, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-059228

DATE ISSUED: 11/29/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HAROLD A  
LAST NAME(S): ALBERTS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 17, 2021  
HOUR OF DEATH: 03:30 PM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MANITOWAC, WI

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CHERYL TELFORD

OCCUPATION: OPERATIONS SPECIALIST  
INDUSTRY: AIRLINE INDUSTRY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: CHERYL TELFORD  
RELATIONSHIP: WIFE  
ADDRESS: 712 SHELTER BAY DR, LA CONNER, WA 98257

CAUSE OF DEATH:  
A: STAGE 4 LUNG CANCER  
INTERVAL: 5 MONTHS

B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE  
WITH CONGESTIVE HEART FAILURE

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: 712 SHELTER BAY  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 712 SHELTER BAY DR  
CITY, STATE, ZIP: LA CONNER, WA 98257  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: SWINOMISH  
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: IRWIN ALBERTS  
MOTHER: DOROTHY [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 22, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DAVID LUKOV

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: NOVEMBER 19, 2021

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 22, 2021



## Affidavit for Correction

08/22/2023 03:11 PM Page 0 of 3

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 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: _____		_____/_____/____		_____, _____
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: _____		First: _____ Middle: _____ Last: _____		
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:				
P.O. 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: _____		
<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>				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
<b>Birth Certificates</b>				
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Proof documentation must be five or more years old or established within five years of birth.</li> <li>This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).</li> </ol>				
<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, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
<ol style="list-style-type: none"> <li>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.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol>				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
<ol style="list-style-type: none"> <li>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.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.</li> </ol>				



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

**\*CERTIFIED\***

NOV 29 2021

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



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