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09/13/2023 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
(360) 336-6587

DOCUMENT TITLE(S):

WASHINGTON STATE
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

RICHARD MILTON LARSEN (DECEASED)

ASSESSOR'S PARCEL NUMBER:

P121570 (4835-000-006-0000)

LEGAL DESCRIPTION:

Unit 6, Alpine Crest Condominium,
according to the Declaration thereof
recorded May 3, 2004, under Auditor's
File Number 2004050302, records of
Skagit County, Washington AND
Survey Map and Plans thereof recorded
under Auditor's File Number
200405030217, records of Skagit County,
Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-039514

DATE ISSUED: 08/16/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): RICHARD MILTON
LAST NAME(S): LARSEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 09, 2023

HOUR OF DEATH: 01:44 AM

SEX: MALE

AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: WILBUR, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SHIRLEY JACOBS

OCCUPATION: MILITARY OFFICER

INDUSTRY: UNITED STATES NAVY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: SHIRLEY LARSEN

RELATIONSHIP: WIFE

ADDRESS: 1602 ALPINE CREST LOOP, UNIT B, MOUNT VERNON, WA

CAUSE OF DEATH:

A: ACUTE KIDNEY INJURY

INTERVAL: 8 DAYS

B: ACUTE BLOOD LOSS ANEMIA

INTERVAL: 8 DAYS

C: GASTROINTESTINAL BLEED (UNCLEAR SOURCE)

INTERVAL: 8 DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE;
CORONARY ARTERY 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: SKAGIT-VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1602 ALPINE CREST LOOP, UNIT B

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: RICHARD LARSEN

MOTHER: RUTH [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 22, 2023

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: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 09, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIAN

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 16, 2023



Affidavit for Correction

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

Mailed 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	Required information must match current information on record			
	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ 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 foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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

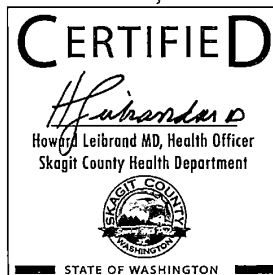
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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