202310020030 10/02/2023 10:26 AM Pages: 1 of 3 Fees: \$20.00

Skagit County Auditor, WA

## WHEN RECORDED RETURN TO:

William A. Stedman JR PO Box 476 Anacortes, WA 98221

> REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE 10/02/2023

210306-LT.
DOCUMENT TITLE(S):
CERTIFICATE OF DEATH
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
GRANTOR:
State of Washington
GRANTEE:
Gregory Lance Crosby
ABBREVIATED LEGAL DESCRIPTION:
Lot A, Survey # 200911120117, being a ptn of lots 18-20, Bik 126, Anacortes
TAX PARCEL NUMBER(S):
3772-126-020-0017/P55815

# STATE OF WASHINGTON. DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



DATE ISSUED: 02/22/2023 FEE NUMBER:

CERTIFICATE NUMBER: 2023-008580

FIRST AND MIDDLE NAME(S): GREGORY LANCE LAST NAME(S): CROSBY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 20, 2023

HOUR OF DEATH: 04:30 PM

SEX. MALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

2839

BIRTH DATE:

BIRTHPLACE: TALLAHASSEE, FL

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WILLIAM ARTHUR STEDMAN JR

OCCUPATION: REALTOR
INDÚSTRY: REAL ESTATE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: WILLIAM ARTHUR STEDMAN JR

RELATIONSHIP: SPOUSE

ADDRESS: PO BOX 476 ANACORTES, WA 98221

CAUSE OF DEATH:

A: IDIOPATHIC PULMONARY FIBROSIS

INTERVAL: 5 YEARS

B:

INTERVAL

**C**:

INTERVAL.

D.

INTERVAL

QTHER 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

IE TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 1714 K AVE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1714 K AVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: GEORGE MIRL CROSBY
MOTHER: MARY ELIZABETH

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: FEBRUARY 22, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET.

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: CRAIG A. NELSON

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 21, 2023

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: FEBRUARY 22, 2023

#### 202310020030 **Affidavit for Correction** 10/02/2023 10回28 A限作和有機機動物戶面tistics P.O. Box 47814 Olympia, WA 98504-7814 This is a legal document. Complete in ink and do not alter. 360-236-4300 DOH 422-034 August 2019 ALCOHOLD TO COMME STATE OFFICE USE ONLY Affidavit Number Fee Number State File Number Required information must match current information on record Dissolu<u>tion (Divorce</u>) Birth ■ Marriage Record Type: 2. Date of Event: 3. Place of Event: 1. Name on Record: MM/DD/YYYY (City or County) Last Middle First 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) Redu 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) Last/Maiden ∟ast/Maiden Middle ☐ Guardian ☐ Informant ☐ Hospital ☐ Self Relationship to 6. Name of Person Requesting Correction: ☐ Funeral Director Person on Record: Parent(s) Other (specify) 7. Return Mailing Address: 710 State Cit PO Box or Street Address Email Address: Telephone Number: Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The true fact is: The record currently shows: 8. 11. 10. 13. 12. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14b. Signature of 2nd parent (if required): 14a. Signature: 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: Social Security Numident Report Military record (DD-214) School transcripts Birth/Marriage/Divorce record Green/Permanent Resident card (I-551) Copy of Passport / Enhanced ID Hospital/medical record Certificate of Naturalization 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. 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 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). Adult (18 years or older) Child under 18 Only the adult can change his or her birth certificate. If legal guardian(s), include certified court order proving guardianship. If the first or middle name is missing, three pieces of proof documentation are Up to age one or up to one year following the filing of an Acknowledgement required. of Parentage form, last name can be changed once to either parents' name If the first, middle and/or last name is misspelled, or month and/or day of birth on certificate (can be any combination of the first, middle or last names); is incorrect, two pieces of proof documentation are required. thereafter, a court order is required to change the last name. To correct parent's birth date, place of birth, or name, one proof documentation 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.

### **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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