



202311160035

11/16/2023 02:25 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

**When recorded return to:**

Anne M. Pliska  
William J. Pliska Living Trust, dated December 28,  
2017  
628 North State Street Unit 1  
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 8 71)

NOV 16 2023

Amount Paid \$ 2600.20  
Skagit Co. Treasurer

By Deputy

Filed for record at the request of:



CHICAGO TITLE  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620055213

**DOCUMENT TITLE(S)**

Death Certificate

CHICAGO TITLE  
620055213

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

Washington, State of

☐ Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

~~William~~ Joseph Pliska

☐ Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Lt 440, Shelter Bay Div. 3

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P129246 / 5100-003-440-0000 / S3302020128

Additional Tax Accounts are on page \_\_\_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-049342

DATE ISSUED: 10/14/2021

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): WILLIAM JOSEPH  
LAST NAME(S): PLISKA

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 30, 2021  
HOUR OF DEATH: 10:12 AM  
SEX: MALE AGE: 96 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: NAVIGATOR  
INDUSTRY: UNITED STATES AIR FORCE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: ANNE M PLISKA  
RELATIONSHIP: DAUGHTER  
ADDRESS: 440 MODOC WAY, LA CONNER, WA. 98257

CAUSE OF DEATH:  
A: ACUTE CEREBRAL VASCULAR ACCIDENT WITH RIGHT HEMIPARESIS  
INTERVAL: 1 WEEK

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE UPPER  
GASTROINTESTINAL BLEED, ADVANCED DEMENTIA

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: 440 MODOC WAY  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 440 MODOC WAY  
CITY, STATE, ZIP: LA CONNER, WA 98257  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: JOSEPH PLISKA  
MOTHER: ANNA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: OCTOBER 13, 2021

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229  
FUNERAL DIRECTOR: BRIAN L. FLOWERS

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: OCTOBER 01, 2021

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: OCTOBER 04, 2021

**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
-------------------	------------	----------	------	------------------

<b>Required</b>	<b>Record Type:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

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. **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.
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).

**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)**

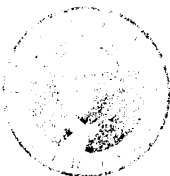
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

**Death Certificates**

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.

**Marriage/Dissolution (Divorce) Certificates**

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.



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

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.



0 4 8 1 0 7 8 1