



202401220057


01/22/2024 02:23 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024-9382

JAN 22 2024

Amount Paid \$
Skagit Co. Treasurer
By  Deputy

Document Title:

Death Certificate

Reference Number (if applicable): _____

Grantor(s):

☐ additional grantor names on page ____

- 1) Wash. State of _____
- 2) _____

Grantee(s):

☐ additional grantor names on page ____

- 1) Charles William Juntunen _____
- 2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____

Lts 9 & 10, Blk 17, Plat of Clear Lake
S 90 ft of W 70 ft., Lt 2, Blk 17, Plat of Clear Lake

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____

P 74884 & P 74878

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-015720

DATE ISSUED: 04/08/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHARLES WILLIAM

LAST NAME(S): JUNTUNEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 06, 2020

HOUR OF DEATH: 10:20 AM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PAINESDALE, MI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SUSAN FLOYD

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SUSAN JUNTUNEN

RELATIONSHIP: WIFE

ADDRESS: 23131 BUCHANAN STREET, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ACUTE CEREBROVASCULAR ACCIDENT

INTERVAL: HOURS

B: CEREBROVASCULAR DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: FRONTOTEMPORAL VASCULAR
DEMENTIA SECONDARY TO LARGE FRONTOTEMPORAL CEREBROVASCULAR
ACCIDENT

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: ASHLEY GARDENS

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 3807 E. COLLEGE WAY A-3

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: WILLIAM JUNTUNEN

MOTHER: DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 08, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: RICK B. LEMLEY

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: NANCY H. LLEWELLYN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: PO BOX 190

CITY, STATE, ZIP: LA CONNER, WA 98259

DATE SIGNED: APRIL 08, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: APRIL 08, 2020



Affidavit for Correction

01/22/2024 02:23 PM Page 8 of 8
 Meritage Health Statistics
 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
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Required information must match current information on record

Required	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	MM/DD/YYYY (City or County)
	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/Maiden	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:

The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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
 - Documentary proof must be five or more years old or established within five years of birth

Child under 18 <ul style="list-style-type: none"> If legal guardian(s), include certified court order proving guardianship Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* After age one, 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 documentary proof is required. To correct the sex of the child, one documentary proof from a medical provider is required 	Adult (18 years or older) <ul style="list-style-type: none"> Only the adult can change his or her birth certificate If the first or middle name is missing, three pieces of documentary proof are required If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required To correct parent's birth date, place of birth, or name, one documentary proof is required
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- *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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



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

CERTIFIED

APR 8 2020

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



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