



202411070023

11/07/2024 10:53 AM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 2847  
NOV 07 2024

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

Document Title:

Death Certificate

Reference Number:

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. ROBERT JOHN SEPAROVICH

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

LTS 3 & 4, BLK 164, MAP OF THE CITY OF ANACORTES

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

P56035

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-008016

DATE ISSUED: 05/13/2013

FEE NUMBER: 0000000029

GIVEN NAMES: ROBERT JOHN  
LAST NAME: SEPAROVICHCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 05, 2013  
HOUR OF DEATH: UNKNOWN  
SEX: MALE  
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITEBIRTHDATE: [REDACTED]  
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTONMARITAL STATUS: WIDOWED  
SPOUSE:OCCUPATION: LAW ENFORCEMENT OFFICER  
INDUSTRY: LAW ENFORCEMENT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YESINFORMANT: KARMEN M. SEPAROVICH-HARDY  
RELATIONSHIP: DAUGHTER  
ADDRESS: 920 G AVE., ANACORTES, WA 98221CAUSE OF DEATH:  
A. CHRONIC OSTEOMYELITIS  
INTERVAL: 3 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
RENAL INSUFFICIENCY, HIGH CHOLESTEROL, AORTIC ANEURYSM, HYPERTENSIONDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: FA NAME, INFORMANT, INFORMANT

NUMBER(S): 2013062949, 2013062956, 2013062971  
DATE(S): 05/08/2013, 05/09/2013, 05/10/2013PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1807 7TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 1807 7TH ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982211401  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 37 YEARSFATHER: ANTONY SEPAROVICH  
MOTHER: MARIA [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRANDVIEW CEMETERY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: MAY 14, 2013FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: CHARLES S. BLACKADAR, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2511 N AVE STE 8  
CITY, STATE, ZIP: ANACORTES, WA 98221  
DATE SIGNED: MAY 07, 2013CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA #275  
ATTENDING PHYSICIAN:  
NOT APPLICABLELOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MAY 07, 2013

DOH 01-003 (12/11)



## Affidavit for Correction

 11/07/2024 10:53 AM Page 2 of 2  
 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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**Use the section below for requesting any changes on the record.**

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
1. Name on record:
2. Date of Event:
3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)
5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.  
**Most changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), Life Insurance Policy, Birth Record, Marriage/Divorce Record, Military Record (DD-214), Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

**4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

\*CERTIFIED\*

MAY 13 2013

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

XX00239522