



202502120063

02/12/2025 03:37 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When recorded return to:

Margaret M. FRAHM
920 Grandview Court
Burlington, WA
0 98233-1494

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025 0380
FEB 12 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By Bw Deputy

COVER SHEET

Document Title: DEATH CERTIFICATE

Reference Number: 202006090124

Grantor(s): () additional grantor names on page _____

WASHINGTON STATE

Grantee(s): () additional grantee names on page _____

Ronald Edward Frahm

Abbreviated legal description(s): () full legal on page _____

LOT 72, PLAT OF TINAS COMA, AS PER PLAT RECORDED AUGUST 11, 2000, UNDER
AUDITOR'S FILE NO. 200008110004, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Parcel/Tax ID Number(s): () additional tax parcel number(s) on page _____

P117107

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-000653

DATE ISSUED: 01/13/2025
FEE NUMBER: 310125

FIRST AND MIDDLE NAME(S): RONALD EDWARD
LAST NAME(S): FRAHM

COUNTY OF DEATH: PIERCE
DATE OF DEATH: JANUARY 07, 2025
HOUR OF DEATH: 07:45 AM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ST JOSEPH MEDICAL CENTER
CITY, STATE, ZIP: TACOMA, WASHINGTON 98401-2197

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

RESIDENCE STREET: 920 GRANDVIEW CT
CITY, STATE, ZIP: BURLINGTON, WA 98233-1494
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

FATHER: ARMON FRAHM
MOTHER: JOSEPHINE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARGRET MARY BITTO

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EVERGREEN CEMETERY

OCCUPATION: MILL MAINTENANCE WORKER
INDUSTRY: LOGGING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: EVERETT, WASHINGTON
DISPOSITION DATE: JANUARY 17, 2025

INFORMANT: MARGRET MARY FRAHM
RELATIONSHIP: WIFE
ADDRESS: 920 GRANDVIEW CT, BURLINGTON, WA 98233

FUNERAL FACILITY: EVERGREEN FUNERAL HOME AND CEMETERY

ADDRESS: 4504 BROADWAY
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203
FUNERAL DIRECTOR: LEVI W. SUTTON, III

CAUSE OF DEATH:
A: STAGE FOUR LIVER ADENOCARCINOMA
INTERVAL: 1 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE HYPOXIC RESPIRATORY FAILURE, CHOLECYSTITIS, LIVER ABSCESS

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: MARY JANE S. BELDEROL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1717 SOUTH J STREET
CITY, STATE, ZIP: TACOMA, WASHINGTON 98405
DATE SIGNED: JANUARY 09, 2025

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ALYSSA MOEUNG
DATE RECEIVED: JANUARY 09, 2025



Affidavit for Correction

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Mail to: Center for 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

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 forgoing is true and correct.

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

- 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 Acknowledgement 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.

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.

*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

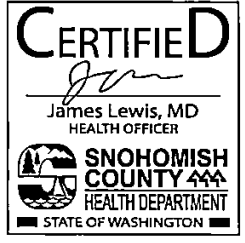
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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