



202505090121

05/09/2025 02:21 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20251424  
MAY 09 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *KS* 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. *James George Kalis (deceased)*

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

*TAX 23: DK 3: PTN Government Lot 5, Section 25,  
Township 34, N, Range 3, east W. 1/4*

Assessor Parcel / Tax ID Number:

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

*P22718*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-022729

DATE ISSUED: 05/07/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES GEORGE  
LAST NAME(S): KALIS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 25, 2025  
HOUR OF DEATH: 05:07 PM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: 1810 E DIVISION ST, ROOM 524  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 16697 DIKE RD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-9576  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 53 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: WASHINGTON, DC

FATHER: CONSTANTINE JAMES KALIS  
MOTHER: LOUISE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JEANNE SANDILYNN FORD

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

OCCUPATION: NAVY (ENLISTED), ARMY (OFFICER)  
INDUSTRY: ARMED FORCES - ARMY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: MAY 12, 2025

INFORMANT: DAVID M SCHWAB  
RELATIONSHIP: SON-IN-LAW  
ADDRESS: 4211 LUPINE DRIVE, MOUNT VERNON, WA 98273

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: SARA E. PERRY

CAUSE OF DEATH:  
A: HEART FAILURE WITH REDUCED EJECTION FRACTION  
INTERVAL: 2 YEARS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA, ACUTE KIDNEY INJURY, NON ST ELEVATION MYOCARDIAL INFARCTION

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: NOT APPLICABLE

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

CERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: APRIL 28, 2025

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: MAY 07, 2025



Affidavit for Correction 05/09/2025 02:21 PM

This is a legal document. Complete in ink and do not alter.

Washington State Department of 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

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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, 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 foregoing is true and correct.
14a. Signature:
14b. Signature of 2nd parent (if required):
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:
• 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.

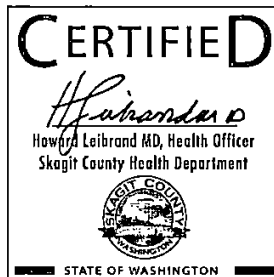
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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.



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