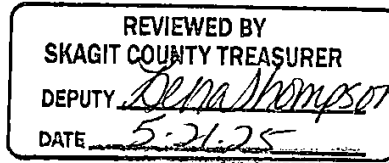




202505210067

05/21/2025 03:51 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
PIRKLE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273



DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

CAUSE NO. 24-4-00633-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

RICHARD K. YOUNGBERG (Deceased)

ASSESSOR'S PARCEL NUMBER:

P109012 (3809-004-003-0100)

LEGAL DESCRIPTION:

Lots 1, 2 and the East 1/2 of Lot 3, Block 1004,
"Northern Pacific Addition to Anacortes",
according to the plat thereof recorded in Volume
2 of Plats, pages 9 through 11, inclusive, records
of Skagit County, Washington.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-054620

LOCAL FILE NUMBER: 5100

DATE ISSUED: 11/12/2024

FEE NUMBER: 311124

FIRST AND MIDDLE NAME(S): RICHARD KENNETH
LAST NAME(S): YOUNGBERGCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: OCTOBER 29, 2024
HOUR OF DEATH: 12:12 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PORTLAND, ORMARITAL STATUS: MARRIED
SURVIVING SPOUSE: ANN LOUISE STEWARTOCCUPATION: SALES - RETAIL
INDUSTRY: LOGGING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: ANN LOUISE YOUNGBERG
RELATIONSHIP: SPOUSE
ADDRESS: 3501 W 2ND ST, ANACORTES, WA 98221CAUSE OF DEATH:
A: ACUTE HYPOXEMIC RESPIRATORY FAILURE
INTERVAL: DAYS
B: INTERSTITIAL LUNG DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION WITH
SICK SINUS SYNDROME, HEART FAILURE WITH PRESERVED EJECTION
FRACTUREDATE 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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147RESIDENCE STREET: 3501 W 2ND ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARSFATHER: KENNETH RAYMOND YOUNGBERG
MOTHER: ELSA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 12, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: SHANNON EXASTRISMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: CHRISTINA A. MORSE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1700 13TH STREET
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
DATE SIGNED: NOVEMBER 04, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: TAYLOR WALPUS
DATE RECEIVED: NOVEMBER 12, 2024



Affidavit for Correction

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	Required information must match current information on record			
	Record Type: <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:

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:	Printed name:
Date:	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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

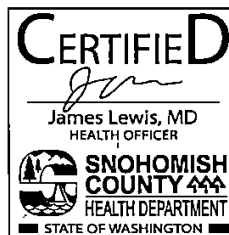
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 proof documentation.
- 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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