



202510130024

10/13/2025 12:14 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20253341
OCT 13 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By *Bm* Deputy

Document Title:

Washington State Certificate of Death

Reference Number : DOD 06/16/2006

Grantor(s):

additional grantor names on page ____.

1. State of Washington

2.

Grantee(s):

additional grantee names on page ____.

1. Robert Theodore Olson

2.

Abbreviated legal description:

full legal on page(s) ____.

(0.3300 AC) N P TO ANACORTES, LOTS 6 THROUGH 10, BLOCK 406; EXCEPT THAT
PORTION OF VACATED LOT 6. SURVEY AF#200405100142

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P107518 / Xref ID 3809-406-000-0000

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 591-06 Washington State Certificate of Death State File Number 6 61376

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Robert Theodore OLSON				2. Death Date Jun 16, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 68	4c. Under 1 Day Hours Minutes 68	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Brooklyn	8b. (State or Foreign Country) New York	9. Decedent's Education Some college, but no degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1405 Erie Avenue				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
14. Estimated length of time at residence. 7 months		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Joan (nmn) Pagel	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED).)			18. Kind of Business/Industry (Do not use Company Name) Owner/Operator Lock & Key		
19. Father's Name (First, Middle, Last, Suffix) Berger (nmn) Olson			20. Mother's Name Before First Marriage (First, Middle, Last) Florence Antoinette [REDACTED]		
21. Informant's Name Joan Olson		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1405 Erie Avenue Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 1405 Erie Avenue					
26a. City, Town, or Location of Death Anacortes			26b. State WA		27. Zip Code 98221
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Jun 21, 2006	
33. Funeral Director Signature X <i>M. E. Lane</i>					
34. Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Squamous cell CA of palate + 4 maxillary sinus				Interval between Onset & Death - 1 yr	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street Apt. No. City or Town County State Zip Code + 4					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To be filled in by the physician who observed the decedent and pronounced death. (Do not use "Medical Examiner" or "Coroner" unless the decedent was pronounced dead in a hospital or other facility where a medical examiner or coroner is present.) X Oliver L. Stalbroten M.D.					
48b. Medical Examiner/Coroner - Do not use this section unless the decedent was pronounced dead in a hospital or other facility where a medical examiner or coroner is present. X Oliver L. Stalbroten M.D. 2511 M Avenue Suite B, Anacortes, WA 98221				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	
50. Hour of Death (24hrs) 18:15 PM				51. Date Signed (mm/dd/yyyy) June 20, 2006	
52. Name and Title of Attending Physician if other than Certifier (Type or Print)				53. Title of Certifier MD	
54. License Number MD00018028		55. ME/Coroner File Number NJA #175		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X Corne Anderson, Deputy				58. Date Received (mm/dd/yyyy) JUN 20 2006	
59. Amendments					



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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd 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 Number record
 - 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 from 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.
- Adult (18 years or older)**
- Only the adult can change their own 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**
- 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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Katherine Hutchinson

ISSUED
SEP 30 2025



0 8 3 8 9 1 8 3

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