



202510170033

10/17/2025 10:50 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

JONES BUTLER DOLAN, PS
P.O. Box 458
Stanwood, WA 98292
360-629-3833

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20253404
OCT 17 2025

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

RECORDED DOCUMENT COVER SHEET

Document Title: Certificate of Death

Reference Number: 9206180108

Grantor: Dale E. Zeretzke

Grantee: Public

Abbreviated Legal: SE 1/4 NW 1/4 SEC 27, T35N, R4 E, W.M.

Assessor Parcel Numbers: P68550
P37798
P83763

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/17/2025
FEE NUMBER: 37

CERTIFICATE NUMBER: 2025-001699

FIRST AND MIDDLE NAME(S): DALE EDWARD
LAST NAME(S): ZERETZKE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 08, 2025 FOUND
HOUR OF DEATH: 11:00 AM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MILWAUKEE, WI

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: COLLEGE COUNSELLOR
INDUSTRY: EDUCATION - UNIVERSITIES/PROFESSIONAL
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: MEGAN WALKER
RELATIONSHIP: DAUGHTER
ADDRESS: 291 DEERING AVE, PORTLAND, ME 04103

CAUSE OF DEATH:
A: RECURRENT DEEP VEIN THROMBOSIS
INTERVAL: 6 YEARS
B: PROTEIN C DEFICIENCY
INTERVAL: 9 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATHEROSCLEROSIS OF ARTERIES

DATE 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: DECEDENT'S HOME
FACILITY OR ADDRESS: 1114 SKAGIT ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1114 SKAGIT ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-4434
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: EDWARD ARTHUR ZERETZKE
MOTHER: LINDA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

CITY, STATE: FERNDALE, WASHINGTON
DISPOSITION DATE: JANUARY 16, 2025

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DRIVE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: JOHN W. MOLES

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MARISSA CAPASSO, DO
TITLE: DO
CERTIFIER ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JANUARY 10, 2025

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

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JANUARY 16, 2025



Affidavit for Correction

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Marital Records 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

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:

Table with 2 columns: The record currently shows, The true fact is. Rows 8-13.

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 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.

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.

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 70.58 RCW, and at the direction of Amy Harley, Health Officer.

Handwritten signature



0 7 4 3 2 3 9 8