UNOFFICIAL DOCUMENT

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11/07/2025 03:44 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

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11.7.25

DOCUMENT TITLE: STATE OF WASHINGTON CERTIFICATE OF DEATH

REFERENCE NUMBER: SKAGIT COUNTY CAUSE NO. 25-4-00505-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: KAARE TORALF MIKKELSEN (Deceased)

ASSESSOR'S PARCEL NUMBER: P134633 (6062-000-017-0000)

LEGAL DESCRIPTION: Lot 17, Montreaux phase 2 planned unit development, according to the plat thereof recorded April 5, 2019, under Auditor's File No. 201904050014, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2025-039854**

DATE ISSUED: **08/13/2025**
FEE NUMBER: **310825**

FIRST AND MIDDLE NAME(S): **KAARE TORALF**
LAST NAME(S): **MIKKELSEN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **AUGUST 09, 2025**
HOUR OF DEATH: **01:15 AM**
SEX: **MALE** AGE: **87 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **KARMOY, NORWAY**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **GERD HOVRING**

OCCUPATION: **COMMERCIAL FISHERMAN**
INDUSTRY: **FISHING**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **GERD MIKKELSEN**
RELATIONSHIP: **WIFE**
ADDRESS: **991 RAINIER LOOP MOUNT VERNON WA 98274**

CAUSE OF DEATH:
A: **BLADDER CANCER**
INTERVAL: **4 MONTHS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **991 RAINIER LOOP**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **991 RAINIER LOOP**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **5 YEARS**

FATHER: **THOMAS MIKKELSEN**
MOTHER: **TEODORA** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **EVERGREEN WASHELLI CREMATORY**

CITY, STATE: **SEATTLE, WASHINGTON**
DISPOSITION DATE: **AUGUST 14, 2025**

FUNERAL FACILITY: **EVERGREEN WASHELLI FUNERAL HOME**

ADDRESS: **11111 AURORA AVE N**
CITY, STATE, ZIP: **SEATTLE, WASHINGTON 98133**
FUNERAL DIRECTOR: **STEVEN HEIGERT**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
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: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **AUGUST 11, 2025**

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

LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
DATE RECEIVED: **AUGUST 13, 2025**

NOT VALID IF PHOTOCOPIED OR ALTERED

UNOFFICIAL DOCUMENT

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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

Mail to: Vital Records, Center for 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

Required

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 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 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 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED
James Lewis, MD
HEALTH OFFICER
SNOHOMISH COUNTY HEALTH DEPARTMENT
STATE OF WASHINGTON

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