

When recorded return to:
J. Mona Beach
563 Walla Walla Way
La Conner, WA 98257

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20253757
Date 11/18/2025

Escrow No.: 620060418

DOCUMENT TITLE(S)

Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Michael Beach

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-057375

DATE ISSUED: 11/20/2024

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): **MICHAEL**
LAST NAME(S): **BEACH**

COUNTY OF DEATH: **WHATCOM**
DATE OF DEATH: **NOVEMBER 21, 2024**
HOUR OF DEATH: **01:35 AM**
SEX: **MALE** AGE: **67 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **HOSPITAL**
FACILITY OR ADDRESS: **PEACEHEALTH ST JOSEPH HOSPITAL**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225-1898**

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

RESIDENCE STREET: **7421 SPRUCE STREET**
CITY, STATE, ZIP: **CONCRETE, WA 98237**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **30 YEARS**

BIRTH DATE: [REDACTED]
BIRTHPLACE: **PROVO, UT**

FATHER: **WILLIAM BEACH**
MOTHER: **MONA [REDACTED]**

MARITAL STATUS: **SEPARATED**
SURVIVING SPOUSE: **SUSAN KRUGER**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **SAFE HARBOR FUNERAL SERVICE**

OCCUPATION: **BOAT BUILDER**
INDUSTRY: **SHIP AND BOAT BUILDING**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **NO**

CITY, STATE: **BLAINE, WASHINGTON**
DISPOSITION DATE: **NOVEMBER 26, 2024**

INFORMANT: **MONA BEACH**
RELATIONSHIP: **MOTHER**
ADDRESS: **563 WALLA WALLA WAY, LA CONNER, WA 98257**

FUNERAL FACILITY: **WHATCOM CREMATION AND FUNERAL**

ADDRESS: **4202 GUIDE MERIDIAN #106**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98226**
FUNERAL DIRECTOR: **JEFFREY A. LAUGENOUR**

- CAUSE OF DEATH:
- A: **CARDIAC ARREST**
INTERVAL: **15 MINUTES**
 - B: **HYPOTENSION**
INTERVAL: **1 HOURS**
 - C:
INTERVAL:
 - D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **INGMAR PROKOP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **2901 SQUALICUM PARKWAY**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**
DATE SIGNED: **NOVEMBER 21, 2024**

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: **DEBBIE HOLDEN**
DATE RECEIVED: **NOVEMBER 25, 2024**



Affidavit for Correction

202511180063

11/18/2025 02:02 PM Page 3 of 3
Center for Health Statistics
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
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Required information must match current information on record				
Required	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: MMDDYYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Mother		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Mother	
	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: 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: Printed name: _____ Date: _____	14b. Signature of 2 nd parent (if required): Printed name: _____ Date: _____
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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

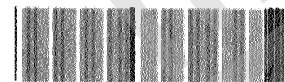
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the 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.

Amy Harley



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