



202512050057

12/05/2025 01:55 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20253921
DEC 05 2025

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

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

additional grantor names on page ___

1. STATE OF WASHINGTON

2.

Grantee(s):

additional grantee names on page ___

1. FREDERICK ALLEN WAHLGREN

2.

Abbreviated legal description:

full legal on page(s) ___

LOCATED IN THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST
QUARTER, SECTION 12, TOWNSHIP 35 NORTH, RANGE 3 EAST, W.M

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P34139 & P106543

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-022493

DATE ISSUED: 05/10/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **FREDERICK ALLEN**
LAST NAME(S): **WAHLGREN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 02, 2024**
HOUR OF DEATH: **08:15 AM**
SEX: **MALE** AGE: **54 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **7165 ERSHIG ROAD**
CITY, STATE, ZIP: **BOW, WASHINGTON 98232**

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

RESIDENCE STREET: **7165 ERSHIG ROAD**
CITY, STATE, ZIP: **BOW, WA 98232**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **4 YEARS**

BIRTH DATE: [REDACTED]
BIRTHPLACE: **BELLINGHAM, WA**

FATHER: **DON ALLEN WAHLGREN**
MOTHER: **MARY [REDACTED]**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **CONNIE AILEEN REIJM**

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **UNION CEMETERY**

OCCUPATION: **MECHANIC**
INDUSTRY: **ARMED FORCES - ARMY**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **YES**

CITY, STATE: **SEDRO-WOOLLEY, WASHINGTON**
DISPOSITION DATE: **MAY 24, 2024**

INFORMANT: **CONNIE AILEEN WAHLGREN**
RELATIONSHIP: **SPOUSE**
ADDRESS: **7165 ERSHIG ROAD, BOW, WA, 98232**

FUNERAL-FACILITY: **KERN FUNERAL HOME**
ADDRESS: **1122 S. 3RD STREET**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **JEREMIAH T. LESOURD**

CAUSE OF DEATH:
A: **PROSTATE CANCER**
INTERVAL: **4 YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **ANEMIA, METASTASES TO RIBS, VERTEBRAE, BILATERAL ACETABULA, AND LIVER**

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: **ERIKA POPE, DO**
TITLE: **DO**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **MAY 07, 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: **CHRISTIAN STECHER**
DATE RECEIVED: **MAY 10, 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 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: 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: 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

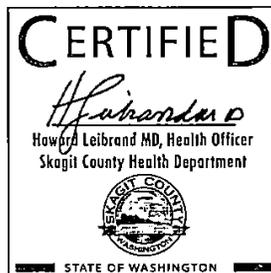
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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