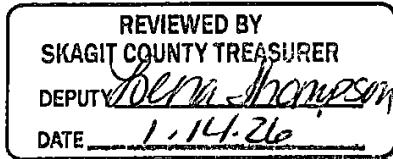




**202601140038**

01/14/2026 12:17 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



DOCUMENT TITLE:

STATE OF WASHINGTON  
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 25-4-00521-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

RICHARD LEE OKONEK (Deceased)

ASSESSOR'S PARCEL NUMBER:

P129058 (5100-002-193-0000)

LEGAL DESCRIPTION:

Lot 193, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2 Tribal and Allotted Lands of Swinomish Indian Reservations," as recorded March 17, 1970, in Volume 43 of official Records, Pages 833 through 838, under Auditor's File No 737013 records of Skagit County, Washington.

Together with the following described parcel: Beginning at the southwest corner of Lot 193; thence South 8°18'10" West to the line of mean high tide; thence Easterly along the line of mean high tide to the intersection with a line projected South 9°00'00" East from the southeast corner of Lot 193; thence North 9°00'00" West the southeast corner of Lot 193; thence South 81°00'00" West a distance of 102.83 feet to the point of beginning.

Situated in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-040601

FIRST AND MIDDLE NAME(S): RICHARD LEE  
LAST NAME(S): OKONEKCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 14, 2025  
HOUR OF DEATH: 09:14 AM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: BREMERTON, WASHINGTONMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CAROL J ZABROSKIOCCUPATION: CARPENTER  
INDUSTRY: RESIDENTIAL CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: CAROL J OKONEK  
RELATIONSHIP: WIFE  
ADDRESS: 193 SALISH PL, LA CONNOR, WA 98257CAUSE OF DEATH:  
A: PARKINSON'S DISEASE  
INTERVAL: 18 YEARSB:  
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: 193 SALISH PL  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257-9626RESIDENCE STREET: 193 SALISH PL  
CITY, STATE, ZIP: LA CONNER, WA 98257-9626  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARSFATHER: EDWARD J OKONEK  
MOTHER: BEATRICE O [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COUNTY CREMATION SERVICESCITY, STATE: BELLINGHAM, WASHINGTON  
DISPOSITION DATE: AUGUST 19, 2025

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: JAKE WAGGONERMANNER 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 APPLICABLECERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: AUGUST 14, 2025CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 18, 2025



DOH 422-034 August 2019

**Affidavit for Correction**

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

202601140038

01/14/2026 12:17 PM Page 3 of 3

Mail to: 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								
<b>Required information must match current information on record</b>												
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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director			Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	<input type="checkbox"/> Other (specify) _____								
7. Return Mailing Address: PO Box or Street Address <span style="float: right;">City _____ State _____ Zip _____</span>												
Telephone Number: _____ Email Address: _____												
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">The record currently shows:</td> <td style="width: 50%;">The true fact is:</td> </tr> <tr> <td>8. _____</td> <td>9. _____</td> </tr> <tr> <td>10. _____</td> <td>11. _____</td> </tr> <tr> <td>12. _____</td> <td>13. _____</td> </tr> </table>					The record currently shows:	The true fact is:	8. _____	9. _____	10. _____	11. _____	12. _____	13. _____
The record currently shows:	The true fact is:											
8. _____	9. _____											
10. _____	11. _____											
12. _____	13. _____											
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>												
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):										
Printed name: _____ Date: _____		Printed name: _____ Date: _____										
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>												
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: <ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul> <b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>												
<b>Birth Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Proof documentation must be five or more years old or established within five years of birth.</li> <li>4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).</li> </ol> <b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> <p>*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.</p>												
<b>Death Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol>												
<b>Marriage/Dissolution (Divorce) Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>												



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.

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



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