



202601300058

01/30/2026 12:46 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20260204
JAN 30 2026

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

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. Herbert George Hauptmann

2.

Abbreviated legal description:

full legal on page(s) ___.

WEST TO WOOLLEY E1/2 OF 3 & ALL OF 4 EX N 15FT THOF ALL LOT 5 & THAT PTN LOT
17 LY WLY OF S EXT OF BOUNDRY LI BTN LOTS 5 & 6 BLK 1

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___.

P77373 / 4176-001-017-0009

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-001199

DATE ISSUED: 01/16/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HERBERT GEORGE
LAST NAME(S): HAUPTMANN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 09, 2018
HOUR OF DEATH: 08:30 PM
SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: PLEASANTVILLE, PA

MARITAL STATUS: MARRIED
SPOUSE: CHERYL A FLOE

OCCUPATION: FURNACE INSTALLER
INDUSTRY: HEATING AND COOLING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: CHERYL A HAUPTMANN
RELATIONSHIP: SPOUSE
ADDRESS: 421 W. MOORE STREET

CAUSE OF DEATH:

- A: ACUTE HYPOXEMIC RESPIRATORY FAILURE DUE TO ACUTE ON CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 1 WEEK
B: ACUTE ON CHRONIC ATRIAL FIBRILLATION
INTERVAL: 1 WEEK
C: CEREBRAL VASCULAR ACCIDENT
INTERVAL: 7 DAYS
D: SEIZURES
INTERVAL: 7 DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMONIA

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 421 W. MOORE STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER/PARENT: ALFRED HAUPTMANN
MOTHER/PARENT: GWENNIE UNKNOWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: AMERICAN CREMATION AND CASKET ALLIANCE

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: JANUARY 12, 2018

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223
FUNERAL DIRECTOR: AMY H. BERMAN

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ARUNA HAWKINS, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: JANUARY 11, 2018

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JANUARY 11, 2018



Affidavit for Correction 01/30/2026 12:46 PM Page 3 of 3

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

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

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 Legal 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: P.O. 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:

8. The record now shows: 9. The true fact is:
10. 11.
12. 13.
14. 15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
Military record (DD-214)
School transcripts
Social Security Numident Report
Certificate of Naturalization
Hospital/medical record
Passport
Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
After age one, 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 documentary proof is required.
To correct the sex of the child, one documentary proof 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 documentary proof are required
If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

JAN 16 2018

Handwritten signature

Skagit County Health Department
Howard Leibrand M.D., Health Officer



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



0 1 5 2 1 4 2 6