

**When Recorded-Return To:**  
**Skagit Law Group, PLLC**  
**P. O. Box 336**  
**Mount Vernon, WA 98273**

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20260343  
Date 02/09/2026

**DOCUMENT TITLE(s):** *(or transactions contained therein)*

**DEATH CERTIFICATE**

**GRANTOR(s):** *(last name, first name and initials)*

**WASHINGTON STATE**

*Additional names on page \_\_\_\_\_ of document*

**GRANTEE(s):** *(Last name, first name and initials)*

**LOGSDON, GREGORY M.**

*Additional names on page \_\_\_\_\_ of document*

**ABBREVIATED LEGAL DESCRIPTION:** (i.e., lot, block, plat or quarter, quarter, section, township and range):

*Additional legal on page \_\_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:**

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

*Additional reference numbers on page \_\_\_\_\_ of document*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-044848

DATE ISSUED: 09/11/2025  
FEE NUMBER: 310925

FIRST AND MIDDLE NAME(S): GREGORY MASON  
LAST NAME(S): LOGSDON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 09, 2025  
HOUR OF DEATH: 12:09 PM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 18361 HICKOX RD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-9002

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

RESIDENCE STREET: 18361 HICKOX RD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-9002  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WASHINGTON

FATHER: WILLIAM WAYNE LOGSDON  
MOTHER: MARY FLORENCE [REDACTED]

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

OCCUPATION: MECHANIC  
INDUSTRY: HEAVY EQUIPMENT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: STANWOOD, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 11, 2025

INFORMANT: GREGORY WAYNE LOGSDON  
RELATIONSHIP: SON  
ADDRESS: 17459 BRITT ROAD MT. VERNON WA 98273

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1914 4TH ST  
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270  
FUNERAL DIRECTOR: GINA L. LANDERHOLM

CAUSE OF DEATH:  
A: ADENOCARCINOMA OF LUNG  
INTERVAL: 3 MONTHS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MEDIASTINAL LYMPH NODE ENLARGEMENT, PAROXYSMAL ATRIAL FIBRILLATION, ANEMIA, POLYMYALGIA RHEUMATIC.

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
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: SEPTEMBER 10, 2025

LOCATION OF INJURY:

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

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: SEPTEMBER 11, 2025

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



# 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

<b>Required</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: 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 <sup>nd</sup> parent (if required): Printed name: _____ Date: _____
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### INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

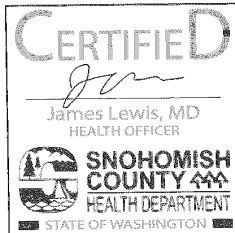
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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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