

When Recorded Please Return To:  
PIRKLE LAW FIRM, INC. P.S.  
P.O. Box 1788  
Mount Vernon, WA 98273



**202602090071**

02/09/2026 02:22 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

DOCUMENT TITLE(S):

STATE OF WASHINGTON  
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

202602090058

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JEFFREY R. UNTERSCHUETZ (Deceased)

ASSESSOR'S PARCEL NUMBER:

P60543 (3836-000-004-0000)

LEGAL DESCRIPTION:

Lot 4, Replat of Lots 25 through 48, VIEW  
ACRES ADDITION TO ANACORTES,  
according to the plat thereof recorded in  
Volume 7 of Plats, page 85, records of Skagit  
County, Washington;

Situated in Skagit County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-061352

DATE ISSUED: 12/16/2025  
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): JEFFREY ROBIN  
LAST NAME(S): UNTERSCHUETZCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 11, 2025  
HOUR OF DEATH: UNKNOWN  
SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1309 27TH ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-3809HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 1309 27TH ST  
CITY, STATE, ZIP: ANACORTES, WA 98221-3809  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: CHICAGO, ILLINOISFATHER: OTTO REINHOLD UNTERSCHUETZ  
MOTHER: MARY AGNES [REDACTED]MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CAROLINE LUCRETIA WHITEMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYOCCUPATION: BUILDER  
INDUSTRY: RESIDENTIAL REAL ESTATE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YESCITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: DECEMBER 17, 2025INFORMANT: CAROLINE BUCHANAN  
RELATIONSHIP: WIFE  
ADDRESS: 1309 27TH ST, ANACORTES, WA, 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: SEAN C. RILEY

## CAUSE OF DEATH:

- A: PNEUMONIA  
INTERVAL: 7 DAYS  
B: LUNG CANCER  
INTERVAL: 10 MONTHS  
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: YES  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: JOHN R. MATHIS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: DECEMBER 14, 2025

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: CHERYL PETERSON  
DATE RECEIVED: DECEMBER 15, 2025



# Affidavit for Correction

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

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</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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 foregoing is true and correct.**

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**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**

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.



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 70.56 RCW, and at the direction of Amy Harley, Health Officer.

*AHL*

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



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