

RETURN AFTER RECORDING

ANNA LORENZ
2248 ALDER GROVE RD
FERNDALE WA 98248
360-303-5047



202603230001

03/23/2026 08:32 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2626.0784
MAR 19 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By LT 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. JOEL WESLEY GREENFIELD

2.

Abbreviated legal description:

full legal on page(s) ___

PTN E 1/2 GVT LT 1 IN 12-35-10 EWM

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P45144

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-010659

DATE ISSUED: 03/18/2026
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOEL WESLEY
LAST NAME(S): GREENFIELD

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: MARCH 01, 2026
HOUR OF DEATH: 05:50 PM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER PERSON'S RESIDENCE
FACILITY OR ADDRESS: 2248 ALDERGROVE RD
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248

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

RESIDENCE STREET: 59705 STATE ROUTE 20
CITY, STATE, ZIP: MARBLEMOUNT, WA 98267-9756
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: COLORADO SPRINGS, COLORADO

FATHER: FRANK DWIGHT GREENFIELD
MOTHER: JOANN [REDACTED]

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: REHAB COUNSELOR
INDUSTRY: HEALTHCARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 17, 2026

INFORMANT: ANNA LORENZ
RELATIONSHIP: DAUGHTER
ADDRESS: 2248 ALDERGROVE RD., FERNDALE, WA 98248

FUNERAL FACILITY: SIG'S FUNERAL SERVICES

ADDRESS: 809 W. ORCHARD DRIVE SUITE 2
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: SIGURD O. AASE

CAUSE OF DEATH:
A: RECURRENT METASTATIC UROTHELIAL CARCINOMA, PRIMARY SITE BLADDER WITH VERTEBRAL COLUMN AND SPINAL INVOLVEMENT
INTERVAL: 38 MONTHS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY EMPHYSEMA,
RHEUMATOID ARTHRITIS

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: MEGAN B. ELLINGSEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: MARCH 02, 2026

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: DEBBIE HOLDEN
DATE RECEIVED: MARCH 05, 2026



Affidavit for Correction

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P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections for Record Type, Name on Record, Date of Event, Place of Event, etc.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table for recording discrepancies between 'The record currently shows' and 'The true fact is' with numbered rows 8-13.

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

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and date.

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.
*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

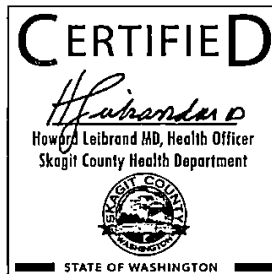
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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