



202603240099

03/24/2026 03:54 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY *Dena Thompson*  
DATE *3.24.26*

Document Title:  
DEATH CERTIFICATE

Reference Number: *202603110032*

Grantor(s):  additional grantor names on page \_\_.

1. STATE OF WASHINGTON

2.

Grantee(s):  additional grantee names on page \_\_.

1. PAUL WILLIAM TAYLOR

2.

Abbreviated legal description:  full legal on page(s) \_\_.

LOT 24, LINDA VISTA ADDITION, SKAGIT COUNTY, WASH., AS PER PLAT RECORDED IN  
VOLUME 7 OF PLATS, PAGE 74, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor Parcel / Tax ID Number:  additional tax parcel number(s) on page \_\_.

67226

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-013138

DATE ISSUED: 03/19/2026  
FEE NUMBER: 1706332

FIRST AND MIDDLE NAME(S): PAUL WILLIAM  
LAST NAME(S): TAYLOR

COUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 16, 2026  
HOUR OF DEATH: 12:18 PM  
SEX: MALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER-  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195-6151

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

RESIDENCE STREET: 20388 ERIC ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-7736  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 26 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WASHINGTON

FATHER: WILLIAM TAYLOR  
MOTHER: PATRICIA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: LUCY ALTENBERG

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

OCCUPATION: ATTORNEY  
INDUSTRY: CIVIL LAW  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: YES

CITY, STATE: PUYALLUP, WASHINGTON  
DISPOSITION DATE: MARCH 19, 2026

INFORMANT: KATHARINE TAYLOR  
RELATIONSHIP: DAUGHTER  
ADDRESS: 5916 3RD AVE NW, SEATTLE, WA 98107

FUNERAL FACILITY: ELEMENTAL CREMATION AND BURIAL - BELLEVUE

ADDRESS: 2105 112TH AVE NE STE 100  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004  
FUNERAL DIRECTOR: SABRINA M. BRADLEY

CAUSE OF DEATH:  
A: SMALL BOWEL OBSTRUCTION  
INTERVAL: 1 WEEKS  
B: ACINAR CELL CARCINOMA OF PANCREAS  
INTERVAL: 1 YEARS  
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: NO  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ALEXANDER E. KETTERING, MD.  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1959 NE PACIFIC ST. (BOX 356100)  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195  
DATE SIGNED: MARCH 18, 2026

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY DECUIRE  
DATE RECEIVED: MARCH 19, 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

State File Number	Fee Number	Initials	Date	Affidavit Number
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**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 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:  Self  Guardian  Informant  Hospital  
 Parent(s)  Funeral Director  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:

**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**

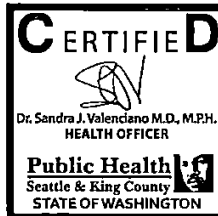
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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