202604280229
04/28/2026 04:02 PM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor, WA

Return Address:
Edmonds Wills & Trusts
Kyle G. Ray, Attorney at Law
Michael Biesheuvel, Attorney at Law
114 Second Avenue S, Suite 101
Edmonds, WA 98020

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 04/28/2026

DEATH CERTIFICATE

Grantor:

1. **STATE OF WASHINGTON**

Grantee(s):

1. **JOHN L. STEFANSSON**

Legal Description:

1. LOT 161, BLOCK 1, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 2, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 5 OF PLATS, PAGES 49 TO 54, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON. SURVEY AF#201909250088

2. LOT 122, BLOCK 3, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 2, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 5 OF PLATS, PAGES 49 TO 54, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON. SURVEY AF#201909250088

Assessor's Property Tax Parcel Account Number:

1. P66638 / 3938-001-161-0004

2. P66772 / 3938-003-122-0008

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2026-008058**

DATE ISSUED: **02/20/2026**
FEE NUMBER: **310226**

FIRST AND MIDDLE NAME(S): **JOHN LEWIS**
LAST NAME(S): **STEFANSSON**

COUNTY OF DEATH: **KING**
DATE OF DEATH: **FEBRUARY 01, 2026**
HOUR OF DEATH: **02:15 PM**
SEX: **MALE** AGE: **69 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **SEATTLE, WASHINGTON**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **JOAN ALBRECHT**

OCCUPATION: **ENGINEER - ELECTRICAL**
INDUSTRY: **TRANSPORTATION - AIR**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **JOAN STEFANSSON**
RELATIONSHIP: **SPOUSE**
ADDRESS: **8817 231ST PLACE SW UNIT B EDMONDS WA 98026**

CAUSE OF DEATH:
A: **ACUTE HYPOXIC RESPIRATORY FAILURE**
INTERVAL: **7 DAYS**
B: **METASTATIC LUNG ADENOCARCINOMA**
INTERVAL: **7 MONTHS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **UNIVERSITY OF WASHINGTON MEDICAL CENTER-**
CITY, STATE, ZIP: **SEATTLE, WASHINGTON 98133-8401**

RESIDENCE STREET: **8817 231ST PLACE SW B**
CITY, STATE, ZIP: **EDMONDS, WA 98026**
INSIDE CITY LIMITS: **NO** COUNTY: **SNOHOMISH**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **10 YEARS**

FATHER: **JOHN STEFANSSON**
MOTHER: **SALLY** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NW PREFERRED CREMATORY**

CITY, STATE: **MOUNTLAKE TERRACE, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 20, 2026**

FUNERAL FACILITY: **BECK`S TRIBUTE CENTER**

ADDRESS: **405 5TH AVENUE S.**
CITY, STATE, ZIP: **EDMONDS, WASHINGTON 98020**
FUNERAL DIRECTOR: **JACK E. ST HILAIRE**

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**

CERTIFIER NAME: **GRAHAM SKELTON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1959 NE PACIFIC ST (BOX 356100)**
CITY, STATE, ZIP: **SEATTLE, WASHINGTON 98195**
DATE SIGNED: **FEBRUARY 03, 2026**

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

LOCAL DEPUTY REGISTRAR: **DARIN WISE**
DATE RECEIVED: **FEBRUARY 20, 2026**

Washington State Department of Health

DOH 422-034 August 2019

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

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:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	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 Acknowledgement 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.

CERTIFIED
James Lewis, MD
HEALTH OFFICER
SNOHOMISH COUNTY HEALTH DEPARTMENT
STATE OF WASHINGTON

0 8 3 1 7 5 6 9