



202605150070

05/15/2026 01:46 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026-1456
MAY 15 2026

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By *cc* Deputy

COVER SHEET

Document Title: Death Certificate

Reference Number: 101904250011

Grantor(s): _____ () additional grantor names on page _____

State of Washington

Grantee(s): _____ () additional grantee names on page _____

Calvin L Huscusson

Abbreviated legal description(s): _____ () full legal on page _____

(0.3600 ac)(TAX 3CC) THOSE PORTIONS OF THE SOUTHWEST QUARTER OF THE
NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M.,
DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 250 FEET EAST OF THE NORTHEAST
CORNER OF BLOCK E, THE TOWN OF LYMAN, W.T. AS PER PLAT RECORDED IN
VOLUME 1 OF PLATS, PAGE 8, RECORDS OF SKAGIT COUNTY; THENCE EAST 220 FEET;
THENCE NORTH 70 FEET; THENCE WEST 220 FEET; THENCE SOUTH TO THE POINT OF
BEGINNING.

Parcel/Tax ID Number(s): _____ () additional tax parcel number(s) on page _____

P41348

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-022796

DATE ISSUED: 05/12/2026

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CALVIN LEWIS

LAST NAME(S): HUSCUSSON

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: MAY 09, 2026

HOUR OF DEATH: 03:57 PM

SEX: MALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEDRO-WOOLLEY, WASHINGTON

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: DRIVER - TRUCK

INDUSTRY: TRANSPORTATION - TRUCKING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DEBRA PAGE

RELATIONSHIP: DAUGHTER

ADDRESS: 3721 MT HWY 1, ANACONDA, MT 59711

CAUSE OF DEATH:

A: ACUTE RESPIRATORY DISTRESS SYNDROME

INTERVAL: 1 DAYS

B: ASPIRATION PNEUMONIA

INTERVAL: 1 DAYS

C: SMALL BOWEL OBSTRUCTION

INTERVAL: 3 DAYS

D: METASTATIC COLORECTAL CANCER

INTERVAL: 2 MONTHS

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: PEACEHEALTH ST. JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225-1898

RESIDENCE STREET: 8419 MEYERS AVE.

CITY, STATE, ZIP: LYMAN, WA 98263

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 60 YEARS

FATHER: JOHN HALEN HUSCUSSON

MOTHER: WILLA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 12, 2026

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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

CERTIFIER NAME: HERMAN SEQUEIRA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: MAY 10, 2026

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN

DATE RECEIVED: MAY 12, 2026

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

05/15/2026 01:46 PM Page 2 of 3
Marital, Divorce, and Statistics
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

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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden 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 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

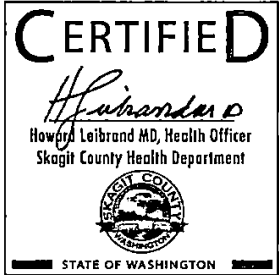
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



0 7 2 0 3 3 7 5