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11/14/2023 02:05 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Shannon Burrows  
DATE 11/14/23

DOCUMENT TITLE(S):

WASHINGTON STATE  
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

LESLIE W. STAHLEY (DECEASED)

ASSESSOR'S PARCEL NUMBER:

P121279 (4828-000-034-0000)

LEGAL DESCRIPTION:

Unit 34, FARMINGTON SQUARE  
CONDOMINIUM, according to the  
Declaration thereof recorded January 28,  
2004, under Auditor's File No.  
200401280083, and Survey Map and  
Plans thereof recorded January 28, 2004,  
under Auditor's File No. 200401280084,  
records of Skagit County, Washington.

Situated in Skagit County, Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-044295

DATE ISSUED: 10/03/2023

FEE NUMBER: 311023

FIRST AND MIDDLE NAME(S): **LESLIE WAYNE**  
 LAST NAME(S): **STAHLLEY**

COUNTY OF DEATH: **SKAGIT**  
 DATE OF DEATH: **SEPTEMBER 08, 2023**  
 HOUR OF DEATH: **04:00 AM**  
 SEX: **MALE** AGE: **87 YEARS**  
 SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **DECEDENT'S HOME**  
 FACILITY OR ADDRESS: **472 WINDMILL LN**  
 CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233-4033**

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

RESIDENCE STREET: **472 WINDMILL LN**  
 CITY, STATE, ZIP: **BURLINGTON, WA 98233-4033**  
 INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
 TRIBAL RESERVATION: **NOT APPLICABLE**  
 LENGTH OF TIME AT RESIDENCE: **19 YEARS**

BIRTH DATE: [REDACTED]  
 BIRTHPLACE: **LAUREL, MT**

FATHER: **ALEXANDER [REDACTED]**  
 MOTHER: **HELEN KIRSCH**

MARITAL STATUS: **MARRIED**  
 SURVIVING SPOUSE: **LOIS EILERS**

METHOD OF DISPOSITION: **CREMATION**  
 PLACE OF DISPOSITION: **SEATTLE SERVICE GROUP CREMATORY**

OCCUPATION: **SERVICE MANAGER**  
 INDUSTRY: **TECHNOLOGY**  
 EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**  
 US ARMED FORCES: **NO**

CITY, STATE: **SEATTLE, WASHINGTON**  
 DISPOSITION DATE: **SEPTEMBER 13, 2023**

INFORMANT: **LOIS STAHLLEY**  
 RELATIONSHIP: **SPOUSE**  
 ADDRESS: **472 WINDMILL LN, BURLINGTON, WA 98233-4033**

FUNERAL FACILITY: **SCHAEFER-SHIPMAN FUNERAL HOME**

ADDRESS: **804 STATE AVENUE**  
 CITY, STATE, ZIP: **MARYSVILLE, WASHINGTON 98270**  
 FUNERAL DIRECTOR: **KELCIE K. VALDER**

CAUSE OF DEATH:  
 A: **NEUROENDOCRINE CARCINOMA OF THE PANCREAS**  
 INTERVAL: **3 YEARS**

B:  
 INTERVAL:

C:  
 INTERVAL:

D:  
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **PULMONARY EMBOLISM**

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: **NO RESPONSE**

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

CERTIFIER NAME: **ERIKA POPE, DO**  
 TITLE: **DO**

LOCATION OF INJURY:

CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**  
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
 DATE SIGNED: **SEPTEMBER 12, 2023**

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: **MARIA VIVANCO**  
 DATE RECEIVED: **SEPTEMBER 13, 2023**



# Affidavit for Correction

Mail to: Center for Health 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
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<b>Required</b>	<b>Required information must match current information on record</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 forgoing is true and correct.

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

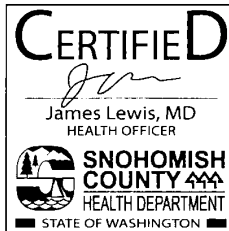
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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