

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY BELEN MARTINEZ
DATE 12/20/2024

213776-LT.

**DOCUMENT TITLE(S):
CERTIFICATE OF DEATH**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
Pamela Grace Lund**

**GRANTEE:
Public**

**ABBREVIATED LEGAL DESCRIPTION:
Ptn. Lot 8 and all of Lots 9 and 10, Blk 218, Map of the City of Anacortes**

**TAX PARCEL NUMBER(S):
3772-218-010-0000/P110560**

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-044394

DATE ISSUED: 09/12/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAMELA GRACE
LAST NAME(S): LUND

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 10, 2024
HOUR OF DEATH: 11:10 PM
SEX: FEMALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2219 - 26TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 2219 - 26TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTH DATE:
BIRTHPLACE: SEATTLE, WA

FATHER: WILLIAM WALLIS
MOTHER:

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: MANAGER - OTHER
INDUSTRY: REAL ESTATE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 13, 2024

INFORMANT: SASKIA ETLING
RELATIONSHIP: DAUGHTER
ADDRESS: 628 BANCROFT STREET, SANTA CLARA, CA 95051

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A: ABDOMINAL CARCINOMATOSIS LIKELY GYNCOLOGICAL PRIMARY
INTERVAL: MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VULVAR INTRA EPITHELIAL
NEOPLASIA 3 SURGICALLY TREATED IN 2020

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: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 12, 2024

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: CHRISTIAN STECHER
DATE RECEIVED: SEPTEMBER 12, 2024



Affidavit for Correction

12/20/2024 10:57 AM Page 3 of 3 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, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record
7. Return Mailing Address, Telephone Number, Email Address, Zip

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:
The record currently shows: 8, 9, 10, 11, 12, 13
The true fact is:

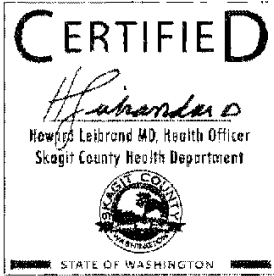
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature, 14b. Signature of 2nd parent (if required)
Printed name, Date

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.



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