

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20262708
Date 08/20/2026

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

WIDDOP, RICHARD E

☐ *Additional names on page _____ of document*

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

☐ *Additional names on page _____ of document*

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

☐ *Additional legal on page _____ of document*

Ptn SE ¼ Section 36, Township 34, Range 02 E.W.M.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

4123-003-010-0006 / P73950;
4123-003-009-0009 / P73949

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 11/07/2025
FEE NUMBER:

CERTIFICATE NUMBER: 2025-054853

FIRST AND MIDDLE NAME(S): RICHARD EDWARD
LAST NAME(S): WIDDOPCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 03, 2025
HOUR OF DEATH: 01:28 AM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WASHINGTONMARITAL STATUS: MARRIED
SURVIVING SPOUSE: SUSAN HORNUNGOCCUPATION: TEACHER/INSTRUCTORS - OTHER
INDUSTRY: EDUCATION - UNIVERSITIES/PROFESSIONAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: SUSAN LEE WIDDOP
RELATIONSHIP: WIFE
ADDRESS: 521 SOUTH 4TH ST, LA CONNER, WA 98257CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 10 MINUTES
B: PROBABLE COMPLICATIONS ON CORONARY ARTERIAL DISEASE
INTERVAL: 10 YEARS
C: HYPERTENSION
INTERVAL: 30 YEARS
D: OTHER
INTERVAL: 0

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 521 SOUTH 4TH ST
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257RESIDENCE STREET: 521 SOUTH 4TH ST
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 53 YEARSFATHER: VICTOR WIDDOP
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATIONCITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: NOVEMBER 07, 2025

FUNERAL FACILITY: WALLIN-STUCKY FUNERAL HOME

ADDRESS: 1811 NE 16TH AVE #A
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: SOLEDAD SALDANAMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: JON T. PETERSON, DO
TITLE: DO
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: NOVEMBER 06, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 07, 2025

Affidavit for Correction

08/20/2026 03:38 PM 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 (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
6. Name of Person Requesting Correction:	Relationship to Person on Record:	☐ Self	☐ Guardian	☐ Informant
	☐ Parent(s)	☐ Funeral Director	☐ Other (specify)	☐ Hospital
7. Return Mailing Address:				
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 nd 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				
- 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. - 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. - Proof documentation must be five or more years old or established within five years of birth. - 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.				
*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.				
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.				
Death Certificates				
- 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. - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
Marriage/Dissolution (Divorce) Certificates				
- 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. - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.				

CERTIFIED

NOV 07 2025

H. Leibrand

Howard Leibrand, M.D., Health Officer
Island County Health Dept.

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



0 6 7 5 8 7 5 3