



202005130112

05/13/2020 04:12 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE(S): WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR: STATE OF WASHINGTON

GRANTEE: DENNIS RAY TAYLOR (DECEASED)

LEGAL DESCRIPTION:

Tract 11, "PLAT OF CHEASTY'S BIG LAKE TRACTS, SKAGIT COUNTY, WASHINGTON,"
as per plat recorded in Volume 4 of Plats, page 49, records of Skagit County, Washington.

Records of Skagit County, Washington.

SUBJECT TO: Easement recorded July 28, 2000, under Auditor's File No. 200007280056.

Including Manufactured Home 2001 Marlette Pacifica 56X27 Serial Number H019597AB.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations,
agreements, easements, provisions & assessments of record, if any.

Situate in the County of Skagit, State of Washington.

ASSESSOR / TAX PARCEL NUMBER: P64401 3882-000-011-0004

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-019145

DATE ISSUED: 04/27/2020
FEE NUMBER: 310420

FIRST AND MIDDLE NAME(S): DENNIS RAY
LAST NAME(S): TAYLOR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 21, 2020
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 17193 LAKE VIEW BOULEVARD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-8175

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

RESIDENCE STREET: 17193 LAKE VIEW BOULEVARD
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8175
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: LEWISTON, ID

FATHER: JOHN NEIL TAYLOR
MOTHER: ETTA ELIZABETH [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JANIS MARIE WELKER

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

OCCUPATION: ACCOUNTANT
INDUSTRY: CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: APRIL 27, 2020

INFORMANT: JANIS M TAYLOR
RELATIONSHIP: SPOUSE
ADDRESS: POST OFFICE BOX 2164, MOUNT VERNON WA 98273

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENN

CAUSE OF DEATH:
A: METASTATIC SMALL CELL LUNG CANCER
INTERVAL: 2 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSE

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

CERTIFIER NAME: BRUCE C. MATHEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 307 S. 13TH ST., SUITE 100
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 24, 2020

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: CHERYL PETERSON
DATE RECEIVED: APRIL 27, 2020



Affidavit for Correction

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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, 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 now shows: 8, 10, 12, 14. The true fact is: 9, 11, 13, 15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. 16a. Signature, 16b. Signature of 2nd parent (if required), Printed name, Date.

INSTRUCTIONS - go to www.doh.wa.gov for more information. Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, Green/Permanent Resident card (I-551)

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). 3. Documentary proof must be five or more years old or established within five years of birth. Child under 18, Adult (18 years or older). If legal guardian(s), include certified court order proving guardianship. Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*. After age one, 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 documentary proof is required. To correct the sex of the child, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

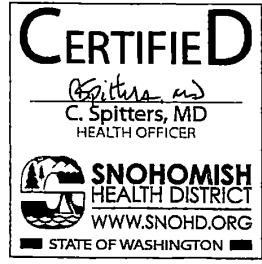
Death Certificates. 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof. 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

DOH 422-034 January 2015



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



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