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05/19/2021 03:50 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

Document Title:

DEATH CERTIFICATE

Reference Number : 201608160054

Grantor(s):

additional grantor names on page \_\_\_\_.

1. STATE OF WA

2.

Grantee(s):

additional grantee names on page \_\_\_\_.

1. SAMUEL H REECE AKA SAMMY H REECE

2.

Abbreviated legal description:

full legal on page(s) \_\_\_\_.

LOT 13 MT VISTA ADDITION

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_\_.

P67646

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2021 2229  
MAY 19 2021

Amount Paid \$  
Skagit Co. Treasurer  
By *BY* Deputy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 04/08/2021  
FEE NUMBER:

CERTIFICATE NUMBER: 2021-013693

FIRST AND MIDDLE NAME(S): SAMUEL HARRISON  
LAST NAME(S): REECE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 21, 2021  
HOUR OF DEATH: 07:15 PM  
SEX: MALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: HAYWOOD, NC

MARITAL STATUS: SINGLE, NEVER MARRIED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LOGGER  
INDUSTRY: LOGGING INDUSTRY  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: YES

INFORMANT: MITCHELL LINDQUIST  
RELATIONSHIP: NEPHEW  
ADDRESS: 20521 STATE ROUTE 9 MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: RECURRENT ASPIRATION PNEUMONIA  
INTERVAL: WEEKS  
B: CEREBRAL VASCULAR ACCIDENT OF LEFT NON DOMINANT SIDE  
INTERVAL: 1 YEAR  
C: ATRIAL FIBRILLATION  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, VASCULAR DEMENTIA, FAILURE TO THRIVE

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 300 S 18TH STREET RM 211  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: HARRISON REECE  
MOTHER: LELIA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: MARCH 24, 2021

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

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

CERTIFIER NAME: MARY RAMSBOTTOM, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 EAST KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 23, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: MARCH 23, 2021



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: 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)
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: 8, 10, 12
The true fact is: 9, 11, 13

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:
Printed name:
Date:
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.



\*CERTIFIED\*

APR 08 2021

Skagit County Health Department
Howard Leibrand M.D., Health Officer



0 4 4 9 7 1 1 1

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