



202112220057

12/22/2021 12:17 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 DEATH CERTIFICATE

REFERENCE NUMBER(S):

GRANTOR: STATE OF WASHINGTON

GRANTEE: MARVID R. JOHNSON (Deceased)

TAX PARCEL NUMBER: P69449 (4010-000-003-0007)

LEGAL DESCRIPTION: Lot 3, "PLAT OF SKAGIT BEACH NO. 3, A REPLAT OF A PORTION OF TRACT "C" OF SKAGIT BEACH NO. 1, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 9 of Plats, page 26, records of Skagit County, Washington; TOGETHER WITH that portion of Tract 1, "PLAT NO. 16, TIDE AND SHORELANDS OF SECTION 24, TOWNSHIP 34 NORTH, RANGE 2 EAST W.M., LACONNER HARBOR, SKAGIT COUNTY, STATE OF WASHINGTON", according to the plat thereof on file in the office of the Board of State Land Commissioners at Olympia, Washington, lying within said Lot 3 and lying within the Northerly and Southerly lines, extended, of said Lot 3 of said "PLAT OF SKAGIT BEACH NO. 3, A REPLAT OF A PORTION OF TRACT "C" OF SKAGIT BEACH NO. 1, SKAGIT COUNTY, WASHINGTON.

Situate in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 10/22/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-053140

FIRST AND MIDDLE NAME(S): MARVID ROYD
LAST NAME(S): JOHNSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 16, 2021
HOUR OF DEATH: 01:10 AM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BURLEY, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAGNIJA VALDMANIS

OCCUPATION: MECHANIC
INDUSTRY: SHEET METAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: DAGNIJA JOHNSON
RELATIONSHIP: WIFE
ADDRESS: 15420 CHANNEL DRIVE LACONNER, WA 98257

CAUSE OF DEATH:

- A: SHOCK
INTERVAL: 2 DAYS
B: ACUTE ON CHRONIC HYPOXEMIC AND HYPERCAPNIC RESPIRATORY FAILURE
INTERVAL: 2 DAYS
C: ACUTE MYELOID LEUKEMIA
INTERVAL: 30 DAYS
D:
INTERVAL:

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 15420 CHANNEL DRIVE
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: ARTHUR JOHNSON
MOTHER: PHYLLIS [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 21, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: NAVDEEP DHALIWAL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: OCTOBER 20, 2021

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: OCTOBER 21, 2021



Affidavit for Correction

12/22/2021 12:17 PM Page 3 of 3
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: 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 2nd 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
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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

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

OCT 22 2021

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

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



0 5 1 6 5 1 5 3