

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

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

**DEATH CERTIFICATE**

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

**SIMMERMAN, CHARLES H.**

*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):*

Map of City of Anacortes, Lots 6, 7 and the E. 1/2 of Lot 8 Block 214 aka Lot 10 Survey AFN 200201240260

*Additional legal on page \_\_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:** 3772-214-008-0000 / P119014

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

*Additional reference numbers on page \_\_\_\_\_ of document*

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



DATE ISSUED: 04/01/2022  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-016768

FIRST AND MIDDLE NAME(S): CHARLES HOMER  
LAST NAME(S): SIMMERMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 28, 2022  
HOUR OF DEATH: 12:55 PM  
SEX: MALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: J [REDACTED]  
BIRTHPLACE: HUNTINGTON PARK, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JOAN PEARL APLEY

OCCUPATION: COMPUTER PROGRAMMER  
INDUSTRY: SOFTWARE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: JOAN P SIMMERMAN  
RELATIONSHIP: WIFE  
ADDRESS: PO BOX 991, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: WEEKS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPONATREMIA, ACUTE RENAL INJURY, ASTHMA

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: 2215 22ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2215 22ND STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: CHARLES AUGUSTUS SIMMERMAN  
MOTHER: RUTH ALICE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MARCH 31, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 29, 2022

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: MARCH 30, 2022



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 (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:
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
• 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.
\*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
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 01 2022

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



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