202207260058
07/26/2022 12:20 PM Pages: 1 of 3 Fees: $41.00
Skagit County Auditor

Return Address:

_____

_____

_____

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 3063
JUL 26 2022
Amount Paid $ -0-
Skagit Co. Treasurer
By LT Deputy

Document Title: Death Certificate

Reference Number (if applicable): 20211109 0078

Grantor(s): [__] additional grantor names on page __.

1) John S. Anderson

2) _____

Grantee(s): [__] additional grantor names on page __.

1) Matthew C. Jane Denmark

2) _____

Abbreviated Legal Description: [__] full legal on page(s) __.

SW 35.5.7 EWM

07/35/05

Assessor Parcel /Tax ID Number: [__] additional parcel numbers on page __.

P38649

202207260058

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2021-061705**

DATE ISSUED: **12/03/2021**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **JOHN STARBUCK**
LAST NAME(S): **ANDERSON**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 13, 2021**
HOUR OF DEATH: **09:42 PM**
SEX: **MALE** AGE: **82 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DAT[redacted]
BIRTHPLACE: **BELLINGHAM, WA**

MARITAL STATUS: **WIDOWED**
SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **MANUFACTURER**
INDUSTRY: **AIRCRAFT PRODUCTION**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **MARY MARGARET FROST**
RELATIONSHIP: **SISTER**
ADDRESS: **4680 CORDATA PARKWAY #109, BELLINGHAM, WA 98226**

PLACE OF DEATH: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **24206 BRAMBLE LN.**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **24206 BRAMBLE LN.**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **31 YEARS**

FATHER: **HUBERT DILLON ANDERSON**
MOTHER: **MARY LOIS[redacted]**

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **GREENACRES MEMORIAL PARK**

CITY, STATE: **FERNDALE, WASHINGTON**
DISPOSITION DATE: **DECEMBER 03, 2021**

FUNERAL FACILITY: **MOLES FAREWELL TRIBUTES - GREENACRES**

ADDRESS: **5700 NORTHWEST DR**
CITY, STATE, ZIP: **FERNDALE, WASHINGTON 98248**
FUNERAL DIRECTOR: **MAUREEN LAUGHY**

CAUSE OF DEATH:
A: **CHRONIC OBSTRUCTIVE LUNG DISEASE, HISTORY OF BLADDER CANCER, CORONARY ARTERY DISEASE, KIDNEY DISEASE**
INTERVAL: **UNKNOWN**
B: **HYPERTENSION, AORTIC VALVE STENOSIS**
INTERVAL: **UNKNOWN**
C: **HYPOXEMIA**
INTERVAL: **UNKNOWN**
D: **TOBACCO USE**
INTERVAL: **UNKNOWN**

OTHER CONDITIONS CONTRIBUTING TO DEATH: **ANEMIA AND THROMBOCYTOPENIA**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **UNKNOWN**
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: **UNKNOWN**
HOUR OF INJURY: **UNKNOWN**
INJURY AT WORK: **NO**
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

CERTIFIER NAME: **INDEEP BAL, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1990 HOSPITAL DR**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**
DATE SIGNED: **DECEMBER 03, 2021**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **21114-96**
ATTENDING PHYSICIAN: **INDEEP BAL, PHYSICIAN**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **DECEMBER 03, 2021**

DOH 422-132 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	

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

- 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.

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

CERTIFIED

DEC 03 2021

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

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