

**WHEN RECORDED RETURN TO:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 09/30/2022

**207244-LT, Land Title and Escrow**

**DOCUMENT TITLE(S):**  
Death Certificate

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

**GRANTOR:**  
STATE OF WASHINGTON

**GRANTEE:**  
NANCY ANN COOLEY

**ABBREVIATED LEGAL DESCRIPTION:**  
Lots 15-20, Blk 12, Kellogg & Ford's Add. to Anacortes

**TAX PARCEL NUMBER(S):**  
3800-012-020-0007/P57758

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-001929

DATE ISSUED: 01/21/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): NANCY ANN  
LAST NAME(S): COOLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 13, 2022  
HOUR OF DEATH: 07:30 PM  
SEX: FEMALE  
SOCIAL SECURITY NUMBER:

AGE: 94 YEARS

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2120 - 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2120 - 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 70 YEARS

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ST JOSEPH, MO

FATHER: FRANCIS HENRY STINEFF  
MOTHER: MYRTLE

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FERN HILL CEMETERY

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JANUARY 22, 2022

INFORMANT: JERRY COOLEY  
RELATIONSHIP: SON  
ADDRESS: 6105 RAELENE COURT, MISSOULA, MT 59803

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:  
A: COLITIS OF UNKNOWN CAUSE, NOT THOUGHT TO BE INFECTIOUS  
INTERVAL: 3 WEEKS  
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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 14, 2022

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: BELEN MARTINEZ  
DATE RECEIVED: JANUARY 18, 2022



Affidavit for Correction

P.O. Box 47814 Olympia, WA 98504-7814 360-235-4300

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, Last, Middle, SS.
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, 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.

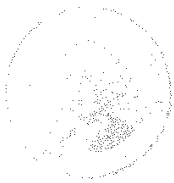
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
14a. Signature:
Printed name:
Date:
14b. Signature of 2nd parent (if required):
Printed name:
Date:

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 Numbered 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 422-150).
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 Acknowledgment of Parentage form, last name can be changed once to either parent's 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.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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 appears on it - when heat applied.

\*CERTIFIED\*

JAN 21 2022

Handwritten signature of Howard Leibrand

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



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