

Return Address:  
Edmonds Wills & Trusts  
Kyle G. Ray, Attorney at Law  
Michael Biesheuvel, Attorney at Law  
114 Second Avenue S, Suite 101  
Edmonds, WA 98020

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/02/2022

**DEATH CERTIFICATE**

Grantor:

1. **LINDA SUSAN ANDERSON**

Grantee(s):

1. **PUBLIC**

Legal Description:

1. Not Applicable

Assessor's Property Tax Parcel Account Number:

1. Not Applicable

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

of 3

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-018324

DATE ISSUED: 04/08/2022  
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): LINDA SUSAN  
LAST NAME(S): ANDERSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 31, 2022  
HOUR OF DEATH: 02:30 PM  
SEX: FEMALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER:

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

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

RESIDENCE STREET: 1819 BARNUM LN  
CITY, STATE, ZIP: BURLINGTON, WA 98233-4500  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ISLAND PARK, MI

FATHER: CLARENCE HARRISON  
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: GARY ANDERSON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: WAREHOUSE MANAGER  
INDUSTRY: ELECTRONICS  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: APRIL 08, 2022

INFORMANT: GARY ANDERSON  
RELATIONSHIP: SPOUSE  
ADDRESS: 1819 BARNUM LN BURLINGTON WA 98233

FUNERAL FACILITY: NATIONAL CREMATION SOCIETY

ADDRESS: 672 STRANDER BLVD  
CITY, STATE, ZIP: TUKWILA, WASHINGTON 98188  
FUNERAL DIRECTOR: ADAM L. HORTON

CAUSE OF DEATH:  
A: ACUTE ON CHRONIC HYPOXIC RESPIRATORY FAILURE  
INTERVAL: FEW DAYS  
B: POSTOBSTRUCTIVE PNEUMONIA  
INTERVAL: FEW DAYS  
C: LUNG CANCER WITH BONE METS  
INTERVAL: SEVERAL YEARS  
D: LEFT MIDDLE CEREBRAL ARTERY CEREBRAL VASCULAR ACCIDENT  
INTERVAL: FEW DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ARUNA HAWKINS, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: APRIL 05, 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: MARIA VIVANCO  
DATE RECEIVED: APRIL 07, 2022

DOH 422-132 PIERCE (9/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

# Affidavit for Correction

202211020033  
11/02/2022 02:47

Center for Health Statistics  
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
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<b>Required</b>	<b>Required information must match current information on record</b>					
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1. Name on Record: First Middle Last			2. Date of Event: MMDDYYYY	3. Place of Event: (City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Initials			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initials		

6. Name of Person Requesting Correction:				Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2 <sup>nd</sup> parent (if required):
Printed name: _____ Date: _____	Printed name: _____ Date: _____

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 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.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

This is a true and exact certification of the record  
Officially registered and on file with the Washington  
State Department of Health, issued under the  
Authority of chapter 70.58A RCW

CERTIFIED

*Anthony L. Chen*  
Anthony L. Chen, MD, MPH  
DIRECTOR  
DO NOT DESTROY

2705809



0 5 7 5 0 6 6 9

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