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09/27/2023 03:43 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273

REVIEWED BY:
SKAGIT COUNTY TREASURER
DEPUTY *Dena Thompson*
DATE 9.27.23

DOCUMENT TITLE(S): WASHINGTON STATE
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

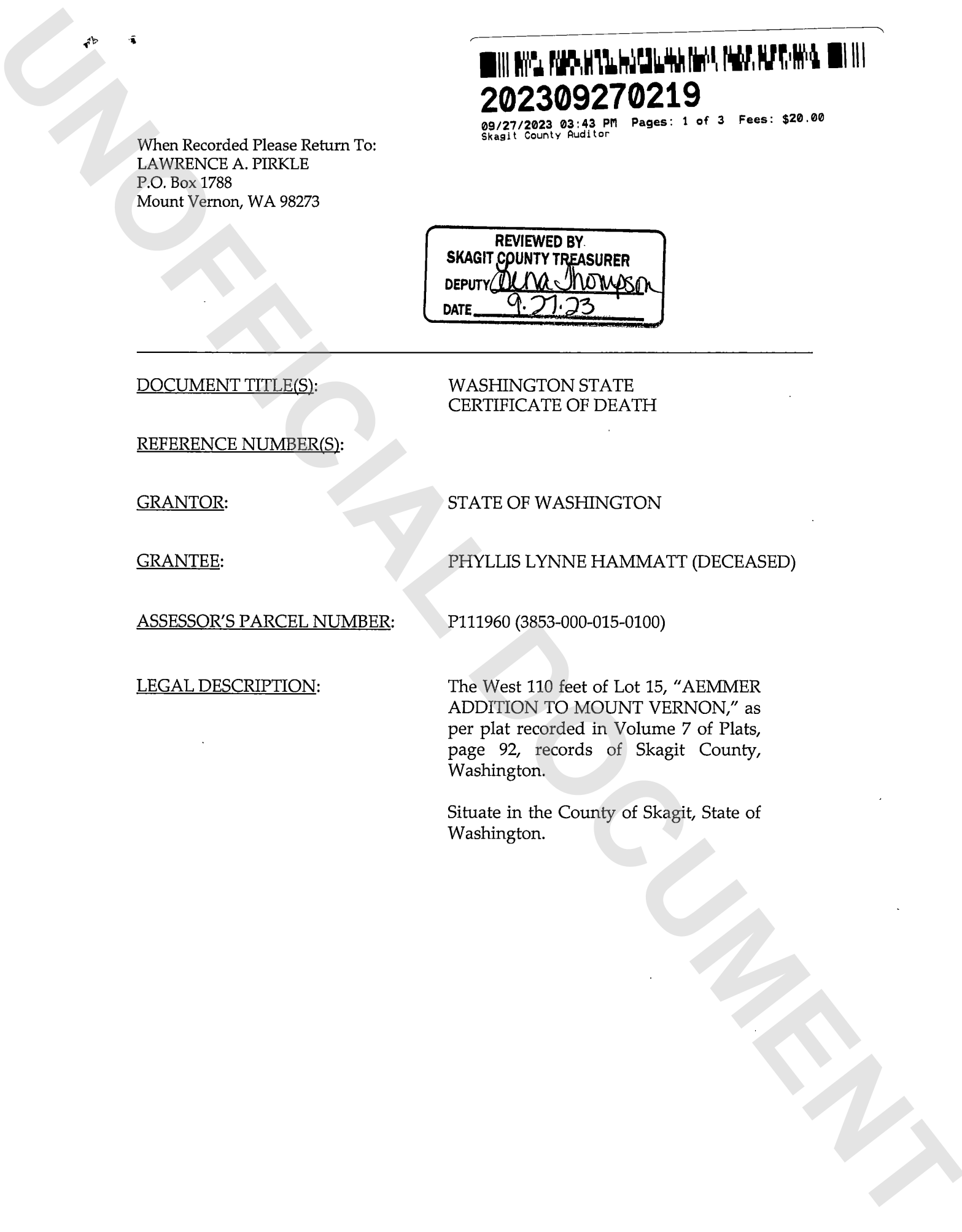
GRANTOR: STATE OF WASHINGTON

GRANTEE: PHYLLIS LYNNE HAMMATT (DECEASED)

ASSESSOR'S PARCEL NUMBER: P111960 (3853-000-015-0100)

LEGAL DESCRIPTION: The West 110 feet of Lot 15, "AEMMER
ADDITION TO MOUNT VERNON," as
per plat recorded in Volume 7 of Plats,
page 92, records of Skagit County,
Washington.

Situate in the County of Skagit, State of
Washington.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-045203

DATE ISSUED: 09/19/2023
FEE NUMBER: 310923

FIRST AND MIDDLE NAME(S): PHYLLIS LYNNE
LAST NAME(S): HAMMATT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 15, 2023
HOUR OF DEATH: 04:15 AM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

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

RESIDENCE STREET: 2110 SOUTH 19TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: LONG BEACH, CA

FATHER: ALBERT ALVA PREHEIM
MOTHER: MAXENE NELLIE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: G STEVE HAMMATT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

OCCUPATION: ENTREPRENEUR
INDUSTRY: COSTUME DES/SR ACTIVITY EQUIPM
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: STANWOOD, WASHINGTON
DISPOSITION DATE: SEPTEMBER 18, 2023

INFORMANT: WENDY HAMMATT
RELATIONSHIP: DAUGHTER
ADDRESS: 61103 BARGER ROAD, ST HELENS, OR 97051

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1914 4TH ST
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: KATRINA WILLIS

- CAUSE OF DEATH:
- A: SEPTIC SHOCK
INTERVAL: 48 HOURS
- B: PYELONEPHRITIS
INTERVAL: 48 HOURS
- C: NEPHROLITHIASIS
INTERVAL: 48 HOURS
- D: [REDACTED]
INTERVAL: [REDACTED]

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:

LOCATION OF INJURY:

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

CERTIFIER NAME: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 18, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 18, 2023



Affidavit for Correction

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Manito: Center for Health Statistics
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.
• 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.
*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

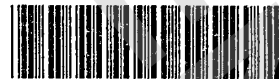
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or 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.



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