



**202311080102**

11/08/2023 11:09 AM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When Recorded Please Return To:

Stuart B. VanBuren  
17963 Wood Rd.  
Bow, WA. 98232

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY <u><i>Dena Thompson</i></u> DATE <u><i>11-8-23</i></u>
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DOCUMENT TITLE: WASHINGTON STATE CERTIFICATE OF DEATH

GRANTOR: STATE OF WASHINGTON

GRANTEE: COLLEEN KAY VANBUREN (DECEASED)

ASSESSOR'S PARCEL NUMBERS: P48170, P48171, P131235, P131236

LEGAL DESCRIPTION:

Lot 1, 2, 3, and 4, SKAGIT COUNTY SHORT PLAT #95-035, APPROVED ON OCTOBER 26, 2012, AND RECORDED ON OCTOBER 29, 2012 UNDER A.F.#201210290236, RECORDS OF SKAGIT COUNTY WASHINGTON, IN THE NE 1/4 AND SE1/4 SEC.24, TWN 36N., RNG.3 E. WM., TOGETHER WITH AND SUBJECT TO ALL RESERVATIONS, RESTRICTIONS, EASEMENTS AND COVENANTS OF RECORD.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH


**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2023-038192

DATE ISSUED: 08/10/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): COLLEEN KAY  
LAST NAME(S): VAN BUREN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 01, 2023

HOUR OF DEATH: 03:50 AM

SEX: FEMALE AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: STUART B VAN BUREN

OCCUPATION: OFFICE MANAGER

INDUSTRY: PART OWNER LAND SURVEYOR

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: STUART B VAN BUREN

RELATIONSHIP: HUSBAND

ADDRESS: 17963 WOOD ROAD, BOW, WASHINGTON 98232

CAUSE OF DEATH:

A: HYPOXIC RESPIRATORY FAILURE

INTERVAL: 3 WEEKS

B: ASPIRATION PNEUMONIA

INTERVAL: 3 WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROBABLE METASTATIC  
OVARIAN CANCER WITH OMENTAL METASTASIS AND PLEURAL EFFUSIONS

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: 17963 WOOD ROAD

CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 17963 WOOD ROAD

CITY, STATE, ZIP: BOW, WA 98232

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: KENNETH BELL

MOTHER: EDYTHE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 10, 2023

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 03, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 08, 2023



Affidavit for Correction

11/08/2023 11:09 AM Page 3 of 3
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 Self Informant Hospital
Person on Record: 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. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.\* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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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