



202312210038

12/21/2023 12:00 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 9120  
DEC 21 2023

Amount Paid \$ 0  
Skagit Co. Treasurer  
By CT Deputy

COVER SHEET

Document Title: Death Certificate

Reference Number: \_\_\_\_\_

Grantor(s): \_\_\_\_\_ ( ) additional grantor names on page \_\_\_\_\_

1. State of Washington

2. \_\_\_\_\_

Grantee(s): \_\_\_\_\_ ( ) additional grantee names on page \_\_\_\_\_

1. Nancy Jayne Matson

2. \_\_\_\_\_

Abbreviated legal description: \_\_\_\_\_ ( ) full legal on page \_\_\_\_\_

PTN L1 20, au L13 21, 22, BLK,

Central Addn to Sedro

Parcel/Tax ID Number: \_\_\_\_\_ ( ) additional tax parcel number(s) on page \_\_\_\_\_

76382

\_\_\_\_\_

\_\_\_\_\_

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-060768

DATE ISSUED: 12/14/2023  
FEE NUMBER:FIRST AND MIDDLE NAME(S): NANCY JAYNE  
LAST NAME(S): MATSONCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 11, 2023  
HOUR OF DEATH: 10:00 PM  
SEX: FEMALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: OAKLAND, CAMARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: CAREGIVER  
INDUSTRY: HEALTH CARE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: JESSICA WAGNER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 935 ALEXANDER STREET, SEDRO WOOLLEY, WA, 98284CAUSE OF DEATH:  
A: END STAGE RENAL DISEASE - DISCONTINUED DIALYSIS  
INTERVAL: 8 MONTHS  
B: CHEMOTHERAPY RELATED NEPHROPATHY  
INTERVAL: 12 YEARSC:  
INTERVAL:D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: PYELONEPHRITIS, DIABETES  
WITH ULCER, ANEMIADATE 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: 935 ALEXANDER STREET  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 935 ALEXANDER STREET  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARSFATHER: JAMES COMPTON  
MOTHER: LILA AGNES [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 13, 2023

FUNERAL FACILITY: ALPHA-OMEGA BURIAL &amp; CREMATION

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: DECEMBER 12, 2023CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: DECEMBER 13, 2023



## Affidavit for Correction

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

Mail to: 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 |
|-------------------|------------|----------|------|------------------|

|   |        |                   |  |                    |
|---|--------|-------------------|--|--------------------|
| <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:  |        | 2. Date of Event: |  | 3. Place of Event: |
| First   | Middle | Last              | MM/DD/YYYY   | (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)  |                    |
| First   | Middle | Last/Maiden       | First  | Middle             |
|   |        |                   | Last/Maiden  |                    |
| 6. Name of Person Requesting Correction:  |        |                   | Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital |                    |
|   |        |                   | Person on Record: <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:**

|                                    |                          |
|------------------------------------|--------------------------|
| <b>The record currently shows:</b> | <b>The true fact is:</b> |
| 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:   |  | Printed name:   |  |
| Date:           |  | 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**

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).

|   |  |
|---|--|
| <b>Child under 18</b>   | <b>Adult (18 years or older)</b>   |
| <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> | <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul> |

\*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**

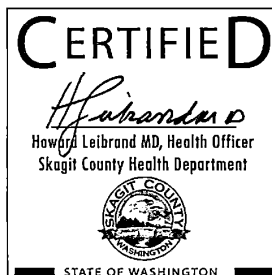
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



0 6 5 6 3 9 0 2