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03/05/2024 03:56 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  
(360) 336-6587

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY <i>Lera Thompson</i>
DATE <i>3.5.24</i>

DOCUMENT TITLE:

STATE OF WASHINGTON  
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 21-4-00567-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

TAMMY LEE MELVIN (DECEASED)

ASSESSOR'S PARCEL NUMBER:

P59586 (3823-000-007-0002)

LEGAL DESCRIPTION:

Abbreviated Legal Description: Lot 7, Skyline  
No. 7, Section 28, Township 35 North, Range 1  
East, W.M.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-038463

DATE ISSUED: 08/11/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TAMMY LEE  
LAST NAME(S): MELVIN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 05, 2021  
HOUR OF DEATH: 10:00 AM  
SEX: FEMALE AGE: 63 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1904 CAY WAY  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1904 CAY WAY  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SPOKANE, WA

FATHER: GORDON J COEY  
MOTHER: BETTY [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BRIAN LEE MELVIN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: AUGUST 12, 2021

INFORMANT: BRIAN L MELVIN  
RELATIONSHIP: HUSBAND  
ADDRESS: 1904 CAY WAY, ANACORTES, WA 98221

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

- CAUSE OF DEATH:
- A. SUDDEN CARDIAC ARREST  
INTERVAL: IMMEDIATE
  - B. CORONARY ARTERY DISEASE  
INTERVAL: 20 YEARS
  - C. HYPERLIPIDEMIA  
INTERVAL: 20 YEARS
  - D. ISCHEMIC CARDIOMYOPATHY  
INTERVAL: 20 YEARS

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: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: KATRINA GARDNER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: AUGUST 10, 2021

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 210805-424  
ATTENDING PHYSICIAN: KATRINA GARDNER, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 10, 2021



Affidavit for Correction

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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
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgement 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.
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.

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.



\*CERTIFIED\*

AUG 11 2021

Handwritten signature

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



0 5 1 6 2 1 5 3

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