



202406260082

06/26/2024 03:21 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 *6.26.24*

DOCUMENT TITLE(S):

STATE OF WASHINGTON  
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

CAUSE NO. 24-4-00250-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JAMES RICHARD FREDERICK (Deceased)

ASSESSOR'S TAX NUMBER:

P60025 (3827-000-012-0001)

ABBREVIATED LEGAL:

Lot 12, "SKYLINE NO. 11", as per plat recorded  
in Volume 9 of Plats, pages 78 and 79, records of  
Skagit County, Washington.

Portion of the Southwest Quarter of the  
Northwest Quarter of Section 27, Township 35  
North, Range 1 East, W.M.

Situate in the County of Skagit, State of  
Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-009744

DATE ISSUED: 02/29/2024  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES RICHARD  
LAST NAME(S): FREDERICK

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 25, 2024  
HOUR OF DEATH: 02:30 PM  
SEX: MALE AGE: 91 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2007 COVE PLACE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 2007 COVE PL  
CITY, STATE, ZIP: ANACORTES, WA 98221-2903  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ROMEO, MI

FATHER: CLARENCE FREDERICK  
MOTHER: BESSIE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DOROTHY MAE LOBAUGH

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: FISHER  
INDUSTRY: FISHING/HUNTING  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: FEBRUARY 29, 2024

INFORMANT: DOROTHY M FREDERICK  
RELATIONSHIP: WIFE  
ADDRESS: 2007 COVE PLACE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:  
A: DEMENTIA, LIKELY VASCULAR  
INTERVAL: YEARS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMONIA, PROTEIN-CALORIE  
MALNUTRITION, ATRIAL FIBRILLATION, HEART FAILURE

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: NOT APPLICABLE

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

CERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: FEBRUARY 26, 2024

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: CHRISTIAN STECHER  
DATE RECEIVED: FEBRUARY 29, 2024



# Affidavit for Correction

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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Required information must match current information on record

<b>Required</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
	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:

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:	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).

#### 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

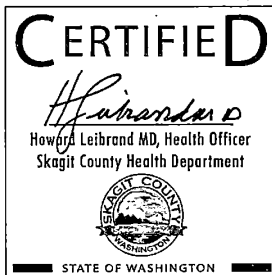
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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