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07/26/2024 04:02 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 *Lena Thomson*
DATE *7.26.24*

DOCUMENT TITLE:

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER:

PROBATE NO. 23-4-00652-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

G. STEVE HAMMATT
(aka GERALD STEPHEN 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: 2023-058305

DATE ISSUED: 12/01/2023
FEE NUMBER: 311123

FIRST AND MIDDLE NAME(S): G STEVE
LAST NAME(S): HAMMATT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 29, 2023
HOUR OF DEATH: 12:31 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2110 S 19TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 2110 S 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: LOS ANGELES, CA

FATHER: YOUNG FRANCIS HAMMATT
MOTHER: LUCINDA LEONAJULIA [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: TECHNICAL DIRECTOR
INDUSTRY: CHEMICAL/INDUSTRIAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: STANWOOD, WASHINGTON
DISPOSITION DATE: NOVEMBER 30, 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: GINA L. LANDERHOLM

CAUSE OF DEATH:
A: END STAGE RENAL FAILURE
INTERVAL: 3 YEARS
B: TYPE 2 DIABETES AND HYPERTENSION
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC PROSTATE
CANCER

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 29, 2023

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

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

LOCATION OF INJURY:

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

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: NOVEMBER 30, 2023

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



Affidavit for Correction

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

STATE OFFICE USE ONLY

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent and Mother/Parent Full Birth Names, Name of Person Requesting Correction, Relationship to Person on Record, Return Mailing Address, Telephone Number, and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: 'The record currently shows:' and 'The true fact is:'. Rows 8-13 for recording discrepancies.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed names and dates.

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 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.

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

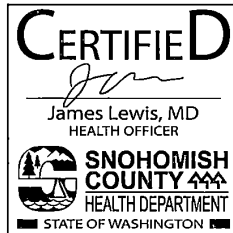
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



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



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