



202410180003

10/18/2024 08:38 AM 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

DOCUMENT TITLE(S): WASHINGTON CERTIFICATE OF DEATH

REFERENCE NUMBER(S): N/A

GRANTOR: STATE OF WASHINGTON

GRANTEE: JAMES P. FRASER (Deceased)

ASSESSOR'S PARCEL NUMBERS: P113155 (4708-000-006-0000) and
P83107 (4470-000-009-0004)

LEGAL DESCRIPTIONS:

Assessor's Parcel Number: P113155 (4708-000-006-0000)

Lot 6, "PLAT OF BLACKBURN RIDGE", as per plat recorded in Volume 16 of
Plats, pages 206 through 208, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Assessor's Parcel Number: P83107 (4470-000-009-0004)

Lot 9, HORIZONS DIVISION II, according to the plat thereof, recorded in Volume
14 of Plats, page 1, records of Skagit County, Washington.

Situated in Skagit County, Washington.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-001223

DATE ISSUED: 01/22/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES PETER
LAST NAME(S): FRASER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 10, 2024
HOUR OF DEATH: 01:00 PM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2108 SOUTH 15TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 2108 SOUTH 15TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BOTTINEAU, ND

FATHER: PETER FRASER
MOTHER: LOUELLA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAL KJELSHUS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: CONTRACTOR
INDUSTRY: CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 12, 2024

INFORMANT: MICHAL FRASER
RELATIONSHIP: WIFE
ADDRESS: 2108 SOUTH 15TH STREET, MOUNT VERNON, WA, 98274

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

CAUSE OF DEATH:
A: VASCULAR DEMENTIA
INTERVAL: MONTHS
B: CEREBROVASCULAR DISEASE
INTERVAL: YEARS
C: HYPERLIPIDEMIA
INTERVAL: YEARS
D:
INTERVAL:

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE
STAGE 3

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

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

CERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 10, 2024

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JANUARY 12, 2024



Affidavit for Correction

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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

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 Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, 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 for recording corrections with columns: The record currently shows: and The true fact is: with rows 8-13.

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 name and 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 Record, 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.
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

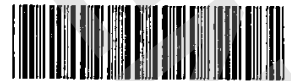
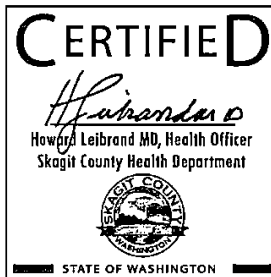
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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