

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/25/2024

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

COLLINGE, JAMES L.

Additional names on page _____ of document

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

Lots 13-15, Block 168, "MAP OF THE CITY OF ANACORTES"

Additional legal on page _____ of document

ASSESSOR'S PARCEL/TAX I.D. NUMBER: 3772-168-015-0008 / P56074

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional reference numbers on page _____ of document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-043271

DATE ISSUED: 09/10/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES LAWRENCE
LAST NAME(S): COLLINGE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 27, 2024
HOUR OF DEATH: 07:35 PM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

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

RESIDENCE STREET: 1914 11TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221-1428
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: TACOMA, WA

FATHER: RENNIE COLLINGE
MOTHER: THERESA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARGARET HOPKINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

OCCUPATION: IRON WORKER
INDUSTRY: UNION WORKER
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: SEPTEMBER 06, 2024

INFORMANT: MARGARET H COLLINGE
RELATIONSHIP: WIFE
ADDRESS: 1914 11TH STREET ANACORTES, WA 98221

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: ANA Y. RAMIREZ

CAUSE OF DEATH:
A: MYOCARDIAL INFARCTION
INTERVAL: 10 DAYS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION. SEVERE AORTIC STENOSIS.

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: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: SEPTEMBER 05, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: SEPTEMBER 06, 2024

Affidavit for Correction



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

State of Washington Department of Health
P.O. Box 7814
Olympia, WA 98504-7814
360-216-4300

STATE OFFICE USE ONLY

State File Number: Fee Number: Initials: Date: Affidavit Number:

Required information must match current information on record

Required information fields: Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Parent/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, Return Mailing Address, Telephone Number, 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 for 'The record currently shows:' and 'The true fact is:'.

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

Signature fields: 14a. Signature, Printed name, Date; 14b. Signature of 2nd parent (if required), Printed name, Date.

INSTRUCTIONS - go to www.doh.wa.gov for more information

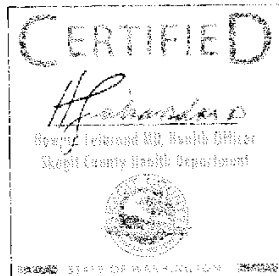
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numbers Report, Certificate of Naturalization, Hospital/medical record, Copy of Passport / Enhanced ID, Greer/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 (see Acknowledgment of Parentage form DCH 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 parent's name on certificate (can be any combination of the first, middle or last names); hereafter, 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.

Death Certificates: 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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 is applied.



06790691