

**2019090156**

09/09/2019 02:59 PM Pages: 1 of 7 Fees: \$45.00  
Skagit County Auditor

**Land Title and Escrow**

01-171697-0

**Document Title:**

Death Certificate

**Reference Number :**

**Grantor(s):**

1. State of Washington

2.

additional grantor names on page \_\_\_\_.

**Grantee(s):**

1. Pope, Alyce Mae

2.

additional grantee names on page \_\_\_\_.

**Abbreviated legal description:**

Lot 7, Blk 6, Freestad's 1st Div.

full legal on page(s) \_\_\_\_.

**Assessor Parcel / Tax ID Number:**

3916-006-007-0106, P65498

additional tax parcel number(s) on page \_\_\_\_.

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-001529

LOCAL FILE NUMBER: 128

DATE ISSUED: 01/18/2019

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ALYCE MAE

LAST NAME(S): POPE

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JANUARY 13, 2019

HOUR OF DEATH: 01:08 AM

SEX: FEMALE

AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: EXECUTIVE SECRETARY

INDUSTRY: CITY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: NANCY JOHNSON

RELATIONSHIP: DAUGHTER

ADDRESS: 24114 16TH AVE. SE BOTHELL, WA 98021

CAUSE OF DEATH:

A. CARCINOMA OF ESOPHAGUS

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: BOTHELL HEALTH CARE

CITY, STATE, ZIP: BOTHELL, WASHINGTON 98021

RESIDENCE STREET: 11652 SCOTT ROAD

CITY, STATE, ZIP: BOW, WA 98232

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: MASON MARSHALL OXFORD

MOTHER/PARENT: BARBARA JO [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: ENTERPRISE CEMETERY

CITY, STATE: FERNDALE, WASHINGTON

DISPOSITION DATE: JANUARY 25, 2019

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - GREENACRES

ADDRESS: 5700 NORTHWEST DR

CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248

FUNERAL DIRECTOR: ALEXANDRA C. TIPPERY

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

CERTIFIER NAME: MURRAY A. BEIGHTON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 6307 147TH ST SW

CITY, STATE, ZIP: EDMONDS, WA 98026

DATE SIGNED: JANUARY 14, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JULIE MARTIN

DATE RECEIVED: JANUARY 14, 2019



# 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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<b>Required</b>	<b>Required information must match current information on record</b>			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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:  
P.O. 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:**

<b>The record now shows:</b>		<b>The true fact is:</b>	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

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

16a. Signature: Date: 16b. Signature of 2<sup>nd</sup> parent (if required): Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**Birth Certificates**

- 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.
  - 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.
  - Documentary proof must be five or more years old or established within five years of birth.
- |  |  |
|--|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
|--|--|

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

*Greg Stern MD*



0 2 0 3 7 5 6 8

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-011916

DATE ISSUED: 03/20/2019  
FEE NUMBER: 27541

FIRST AND MIDDLE NAME(S): STEVEN EUGENE  
LAST NAME(S): POPE

COUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 12, 2019  
HOUR OF DEATH: 08:39 PM  
SEX: MALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

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

RESIDENCE STREET: 21701.106TH AVE. S.E.  
CITY, STATE, ZIP: SNOHOMISH, WA 98296  
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTH DATE: [REDACTED]  
BIRTH PLACE: BELLINGHAM, WA

FATHER/PARENT: DONALD EUGENE POPE  
MOTHER/PARENT: ALYCE MAE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: BARBARA A SAUNDERS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: ENGINEER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: MARCH 15, 2019

INFORMANT: BARBARA S POPE  
RELATIONSHIP: SPOUSE  
ADDRESS: 21701 106TH AVE. S.E. SNOHOMISH, WA 98296

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD  
ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: BRENT J. GLENN

- CAUSE OF DEATH:
- A: STEVEN'S JOHNSON SYNDROME  
INTERVAL: WEEKS
- B: ACUTE LIVER INJURY  
INTERVAL: WEEKS
- C: METASTATIC MELANOMA  
INTERVAL: YEARS
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: IMMUNOTHERAPY

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:

LOCATION OF INJURY:

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

CERTIFIER NAME: TAM PHAM, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: HMC 325 9TH AVE  
CITY, STATE, ZIP: SEATTLE, WA 98104  
DATE SIGNED: MARCH 13, 2019

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NJA-19-1017  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: MARCH 15, 2019



# Affidavit for Correction

09/09/2019 02:59 PM Page 4 of 5  
Print Page 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

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: First: _____ Middle: _____ Last: _____	2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First: _____ Middle: _____ Last: _____	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last: _____	
	6. Name of Person Requesting Correction: _____ Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		
	7. Return Mailing Address: A.O. Better Street Addresses _____ 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 now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

16a. Signature: _____ Printed name: _____ Date: _____	16b. Signature of 2 <sup>nd</sup> parent (if required): _____ Printed name: _____ Date: _____
--	--

#### INSTRUCTIONS -- go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

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#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

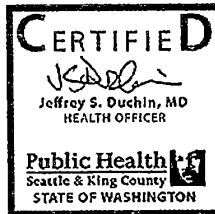
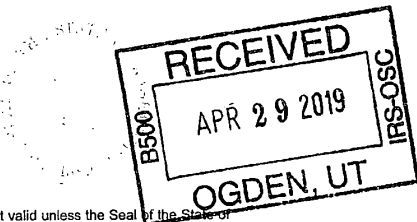
#### This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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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 documentary proof.
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.



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

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**LAST WILL AND TESTAMENT**

SKAGIT COUNTY, WASH.  
**FILED**

**OF**

MAR 20 2002

**DONALD E. POPE**

PHYLLIS COOLE-McKEEHEEN, CO. CLERK  
By          Deputy

**02 4 00068 1**

IS

I, DONALD E. POPE, of Concrete, Skagit County, Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence, do make, publish and declare this my Last Will and Testament.

I.

I declare that ALYCE M. POPE is my wife and that we have three (3) children now living, namely: STEVEN E. POPE, RICHARD A. POPE, and NANCY A. JOHNSON. At the time of this instrument there are no lineal descendants of deceased children.

II.

I make no bequest, gift or devise to my children or to any child or children hereafter born to or adopted by myself and my wife except as hereinafter provided. The

ORIGINAL

LAST WILL AND TESTAMENT  
OF DONALD E. POPE - 1.

LANGABEER, TULL & CUIILLIER, P.S.  
ATTORNEYS AT LAW  
P.O. BOX 1126  
FERNDAL, WASHINGTON 98248  
(360) 384-3595 / (360) 733-0443

3401 2002 0723 2828

1 other allowable tax credits or deductions from federal estate or income tax, I give to my Co-  
2 Trustees, in trust, herein referred to as the "Credit Shelter Trust." By way of direction and  
3 explanation of my intent, the residue of my estate that I herein give to my Co-Trustees  
4 should consist of an amount equal to the full unified credit and any other allowable tax  
5 credits or deductions from federal estate or income tax that was excepted from my outright  
6 bequest of the marital deduction portion of my estate in Article VI., paragraph A., of this  
7 Will.  
8

9  
10 2. I appoint ALYCE M. POPE and NANCY A. JOHNSON as  
11 Co-Trustees or in the event either one of them is unwilling or unable to act, then I appoint  
12 alternatively as Co-Trustee STEVEN E. POPE or RICHARD A. POPE, individually and in  
13 that order, to serve as Co-Trustee with either ALYCE M. POPE or NANCY A. JOHNSON.  
14

15 3. In the event that my wife survives me but a qualified disclaimer  
16 pursuant to both State law and the United States Internal Revenue Code in effect at the time  
17 of my death is made by or on behalf of my wife of any interest in the property which would  
18 otherwise pass to my wife pursuant to paragraph VI. A. herein, then I give all such interest  
19 in property so disclaimed to the Co-Trustees herein; provided, that any such property  
20 disclaimed shall be in addition to the residue of my estate that I herein give and bequeath to  
21 the Co-Trustees of the Credit Shelter Trust.  
22

23  
24 4. The bequest to this Credit Shelter Trust may be satisfied in cash  
25 or in kind, or partly in cash and partly in kind, as determined in the sole discretion of my  
26  
27

LAST WILL AND TESTAMENT  
OF DONALD E. POPE - 6.

LANGABEER, TULL & CUILLIER, P.S.  
ATTORNEYS AT LAW  
P.O. BOX 1126  
FERNDALE, WASHINGTON 98248  
(360) 384-3595 / (360) 733-0443

0401 2002 0723 2833