



202002240041

02/24/2020 10:30 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Document Title:
DEATH CERTIFICATE

Reference Number: CPA AF #201807300066

Grantor(s): additional grantor names on page ____

- 1. Washington State
- 2.

Grantee(s): additional grantee names on page ____

- 1. MARVIN LEE ROBERTSON
- 2.

Abbreviated legal description: full legal on page(s) ____

W 250FT OF TH EEAST 895 FEET (AS MEASURED ALONG THE NORTH LINE THEREOF)
OF THAT PORTION OF THE NW 1/4 OF THE SE 1/4 OF SECTION 20, TOWNSHIP 36 N,
RAND 4 EAST W.M., LYING NORTHERLY OF THE C.C.C. ROAD.

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____
P49673

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2020659
FEB 24 2020

Amount Paid \$ *0*
Skagit Co. Treasurer
By *HB* Deputy

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-017683

DATE ISSUED: 04/22/2019

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): MARVIN LEE
LAST NAME(S): ROBERTSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 14, 2019

HOUR OF DEATH: 11:35 AM

SEX: MALE AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED

SPOUSE: LEONA BESSIE HALLMARK

OCCUPATION: MAIL CARRIER

INDUSTRY: POSTAL SERVICE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LEONA B ROBERTSON

RELATIONSHIP: SPOUSE

ADDRESS: 19609 PARSON CREEK ROAD, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: SEVERE AORTIC STENOSIS

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROGRESSIVE ALZHEIMER'S
DEMENTIA, DYSPHAGIA AND CACHEXIA

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: HOME

FACILITY OR ADDRESS: 19609 PARSON CREEK ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 19609 PARSON CREEK ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER/PARENT: JACKSON ROBERTSON

MOTHER/PARENT: ORLETT [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

CITY, STATE: FERNDALE, WASHINGTON

DISPOSITION DATE: APRIL 22, 2019

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229

FUNERAL DIRECTOR: BRIAN L. FLOWERS

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

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 19, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: APRIL 19, 2019



Affidavit for Correction

Mail to: 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

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required	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/YY		3. Place of Event: (City or County)
	4. Father/Parent Full Birth 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 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:
PO Box or Street Address _____, _____ 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: _____ Date: _____
16b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS – go to 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

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. Documentary proof must be five or more years old or established within five years of birth

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 using this form, 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

1. 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). Marital status requires a certified copy of a 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 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



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

DOH 422-034 January 2015

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



0 2 9 8 1 3 3 8