

Document Title:
DEATH CERTIFICATE

Reference Number : 201707060063

Grantor(s): additional grantor names on page ____.

1. PAUL L SPLAIN
- 2.

Grantee(s): additional grantee names on page ____.

1. TERESA A ROBINSON
2. PAULA R SCHAEFER

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

NW 1/4 NE 1/4 LY S OF C/L OF PS & C RLY LESS TAX 2, & W 660FT OF NE 1/2 NE 1/4 LY S
OF C/L OF PS & C RLY, & W 660FT OF N 905FT OF SE 1/4 NE 1/4

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

P40694, P40685, P40699

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018 2502
JUL 08 2020

Amount Paid \$
Skagit Co. Treasurer
By *MG* Deputy

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024756

DATE ISSUED: 06/01/2020
FEE NUMBER: 310620

FIRST AND MIDDLE NAME(S): PAUL LEO
LAST NAME(S): SPLAIN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 22, 2020
HOUR OF DEATH: 01:20 AM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 28410 E. GILLIGAN CREEK RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 28410 E. GILLIGAN CREEK RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 67 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: ANACORTES, WA

FATHER: CHARLES LEO SPLAIN
MOTHER: TWILA VIOLA [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: SAILOR
INDUSTRY: MERCHANT MARINE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: MAY 29, 2020

INFORMANT: TERESA A ROBINSON
RELATIONSHIP: NIECE
ADDRESS: 28414 E. GILLIGAN CREEK ROAD, SEDRO WOOLLEY, WA

FUNERAL FACILITY: SIMPLE CREMATION - BELLINGHAM
ADDRESS: 2219 RIMLAND DR
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 48 HOURS
B: CORONARY ARTERY DISEASE
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:

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

CERTIFIER NAME: AARON ARNOLD, DO
TITLE: DO
CERTIFIER ADDRESS: 110 NORTH LAVENTURE RD, STE C
CITY, STATE, ZIP: MT VERNON, WA 98273
DATE SIGNED: MAY 29, 2020

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: AARON ARNOLD, PA

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 29, 2020



Affidavit for Correction

07/08/2020 03:30 PM Page 3 of 3
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

Record Type: Birth, Death, Marriage, 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 Birth Name (Spouse A for Marriage or Dissolution)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)
7. Return Mailing Address: PO 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:

The record currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

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

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

Death Certificates

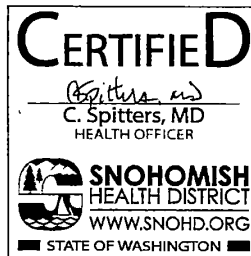
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



0 4 0 9 6 9 8 5