



202011090164

11/09/2020 03:11 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Document Title:

Death Certificate

Reference Number : 201901110099

Grantor(s):

☐ additional grantor names on page ____.

1. Washington State

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Carole Troup

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

(0.23 ac) including manufactured home 1996

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P65064

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20204757

NOV 09 2020

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-040796

DATE ISSUED: 09/08/2020

FEE NUMBER: 310920

FIRST AND MIDDLE NAME(S): MICHAEL

LAST NAME(S): TROUP

AKA: SCOTTY TROUP

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 02, 2020

HOUR OF DEATH: 09:57 AM

SEX: MALE

AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: CAUCASIAN

BIRTH DATE: [REDACTED]

BIRTHPLACE: SCOTLAND UNITED KINGDOM

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CAROLE JANE LOCKE

OCCUPATION: BUSINESS AGENT

INDUSTRY: CONSTRUCTION LABORERS

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: CAROLE JANE TROUP

RELATIONSHIP: WIFE

ADDRESS: 15425 DEWEY CREST LANE, ANACORTES WA 98221

CAUSE OF DEATH:

A: LIVER FAILURE

INTERVAL: 2 WEEKS

B: LIVER CIRRHOSIS

INTERVAL: UNKNOWN

C: ALCOHOLISM

INTERVAL: UNKNOWN

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PERITONITIS, ACUTE KIDNEY FAILURE

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: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 15425 DEWEY CREST LN

CITY, STATE, ZIP: ANACORTES, WA 98221-8205

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: JAMES TROUP

MOTHER: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 04, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: BRENT J. GLENN

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: RICHARD R. HOLMAN, DO

TITLE: DO

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: SEPTEMBER 02, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 04, 2020



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

- 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.
 - Proof documentation must be five or more years old or established within five years of birth.
 - 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.
- 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

- 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.
- 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 proof documentation.
- 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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