




202102080137

02/08/2021 12:22 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

File for record and return to:
Stiles Law Inc., P.S.
P. O. Box 228
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021: 528
FEB 08 2021

Amount Paid \$0
Skagit Co. Treasurer
By  Deputy

DOCUMENT TITLE: Death Certificate

Reference Document: Transfer on Death Deed – AF#20190923044

Grantor(s): Richard J. Roetcisoender,

Grantee(s): Bobbijo M. Stansbury

Abbreviated legal: 1. CUMBERLAND TO HAMILTON LOTS 12 & 13 BLK 5
2. CUMBERLAND TO HAMILTON LOTS 9 & 10 BLK 8

Parcel / Tax ID Numbers: 1. P73860 / 4118-005-013-0005
2. P73882 / 4118-008-010-0002

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-001744

DATE ISSUED: 01/19/2021

FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): **RICHARD JAMES**
LAST NAME(S): **ROETCISOENDER**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **JANUARY 11, 2021**
HOUR OF DEATH: **07:21 PM**
SEX: **MALE** AGE: **79 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: **SNOHOMISH, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **BOBBIJO M NORVY**

OCCUPATION: **TUG BOAT CHIEF ENGINEER**
INDUSTRY: **TUG BOAT**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **BOBBIJO M STANSBURY**
RELATIONSHIP: **SPOUSE**
ADDRESS: **642 MAPLE STREET, HAMILTON, WA 98255-0063**

CAUSE OF DEATH:
A: **ADULT FAILURE TO THRIVE**
INTERVAL: **MANY YEARS**
B: **ALZHEIMER'S DEMENTIA**
INTERVAL: **MANY YEARS**

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: **HOSPITAL**
FACILITY OR ADDRESS: **UNITED GENERAL HOSPITAL**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **642 MAPLE STREET**
CITY, STATE, ZIP: **HAMILTON, WA 98255-0063**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **36 YEARS**

FATHER: **HELK ROETCISOENDER**
MOTHER: **ALICE** [REDACTED]

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

CITY, STATE: **KENT, WASHINGTON**
DISPOSITION DATE: **JANUARY 15, 2021**

FUNERAL FACILITY: **SMART CREMATION**

ADDRESS: **120 15TH STREET SE SUITE 201**
CITY, STATE, ZIP: **PUYALLUP, WASHINGTON 98372**
FUNERAL DIRECTOR: **LORRI M. DENISON**

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: **EDUARDO GOO, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **2000 HOSPITAL DRIVE**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
DATE SIGNED: **JANUARY 14, 2021**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**
DATE RECEIVED: **JANUARY 15, 2021**



Affidavit for Correction

02/08/2021 12:22 PM Page 8 of 8
 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

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: 3. Place of Event:

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: 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

- 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 Acknowledgement 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.



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

CERTIFIED



Anthony L. Chen
 Anthony L-Chen, MD, MPH
 DIRECTOR

DO NOT DESTROY

2704389

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



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