



202111080018

11/08/2021 08:56 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-5127
NOV 08 2021

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

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

ROBERTS, KATHLEEN S.

Additional names on page _____ of document

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

Ptn Lots 5 & 6, Park Crest Div. No. II

Additional legal on page _____ of document

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P79751 / 4355-000-003-0000

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional reference numbers on page _____ of document



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-040245

DATE ISSUED: 08/25/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): **KATHLEEN SHERRY**
LAST NAME(S): **ROBERTS**COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **AUGUST 16, 2021**
HOUR OF DEATH: **01:21 AM**
SEX: **FEMALE** AGE: **74 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**BIRTH DATE: [REDACTED]
BIRTHPLACE: **SEATTLE, WA**MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **MICHEAL ROBERTS**OCCUPATION: **BUS DRIVER**
INDUSTRY: **PUBLIC SCHOOLS**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**INFORMANT: **MICHEAL ROBERTS**
RELATIONSHIP: **HUSBAND**
ADDRESS: **12643 EAGLE DRIVE BURLINGTON, WA 98233**CAUSE OF DEATH:
A: **CARDIAC FAILURE WITH ATRIAL FIBRILLATION**
INTERVAL: **1 DAY**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: **CHRONIC ANTICOAGULATION,
HYPOTHYROID, CORONARY ARTERY DISEASE**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: **12643 EAGLE DRIVE**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233**RESIDENCE STREET: **12643 EAGLE DRIVE**
CITY, STATE, ZIP: **BURLINGTON, WA 98233**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **18 YEARS**FATHER: **EDWARD MOORE**
MOTHER: **HELEN** [REDACTED]METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **HOLYROOD CATHOLIC CEMETERY**CITY, STATE: **SHORELINE, WASHINGTON**
DISPOSITION DATE: **AUGUST 25, 2021**FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **THOMAS CUFLEY**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: **TABITHA NENNINGER, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1990 HOSPITAL DR**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**
DATE SIGNED: **AUGUST 19, 2021**CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **TABITHA NENNINGER, PHYSICIAN**LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**
DATE RECEIVED: **AUGUST 19, 2021**



Affidavit for Correction

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Washington State Department of Health
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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

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.



CERTIFIED

AUG 25 2021

Howard Leibrand M.D., Health Officer



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