

**WHEN RECORDED RETURN TO:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221

202861-LT, Land Title and Escrow

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
STATE OF WASHINGTON

**GRANTEE:**  
ROBERT F. MARSHALL

**ABBREVIATED LEGAL DESCRIPTION:**  
ptn Lot 14, Gibraltar Annex

**TAX PARCEL NUMBER(S):**  
4110-000-014-0102/P73627

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-031411

DATE ISSUED: 07/06/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT FRANCIS  
LAST NAME(S): MARSHALL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 30, 2021  
HOUR OF DEATH: 04:30 PM  
SEX: MALE AGE: 57 YEARS  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:  
BIRTH PLACE: ANACORTES, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KIMBERLY ANN BYER

OCCUPATION: MATERIAL MANAGEMENT  
INDUSTRY: AEROSPACE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: KIM A BYER  
RELATIONSHIP: WIFE  
ADDRESS: 14389 JURA LANE, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: TRAUMATIC BRAIN INJURY AND MULTIPLE SKELETAL FRACTURES  
INTERVAL: ONE MONTH  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALL TERRAIN VEHICLE COLLISION

DATE OF INJURY: MAY 29, 2021  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: IN A FIELD

LOCATION OF INJURY: 51400 CONCRETE SAUK VALLEY ROAD

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: HE WAS DRIVING AN ALL TERRAIN VEHICLE AND CRASHED INTO A TREE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 14389 JURA LANE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 14389 JURA LANE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: NOLAN DALE MARSHALL  
MOTHER: COLLEEN,

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JULY 04, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: ACCIDENT  
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: DEBORAH HOLLIS  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 02, 2021

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 210701-467  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 02, 2021



## Affidavit for Correction

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 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input checked="" type="checkbox"/> Dissolution (Divorce)	
1. Name on Record	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: <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: _____ State: _____	
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:	
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
14a. Signature: _____	
14b. Signature of 2nd parent (if required): _____	
Printed name: _____	Date: _____
Printed name: _____	Date: _____
INSTRUCTIONS – go to <a href="http://www.sch.wa.gov">www.sch.wa.gov</a> for more information	
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:	
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>	
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.	
<b>Birth Certificates</b>	
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).	
<b>Child under 18</b>	
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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 parent's 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.</li> <li>• No proof is required to change the first or middle name.</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>	
*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.	
<b>Adult (18 years or older)</b>	
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>	
<b>Death Certificates</b>	
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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.	
<b>Marriage/Dissolution (Divorce) Certificates</b>	
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\*

JUL 06 2021

 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer


0 4 4 9 9 7 8 4

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

**Return Address:**

Land Title and Escrow

3010 Commercial Avenue

Anacortes WA 98221

**AFFIDAVIT (LACK OF PROBATE)**

**202861-LT**

The undersigned affiant/grantee Kimberly A. Byer, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Surviving Spouse

Relationship to decedent

of Robert F. Marshall

Decedent/Grantor

, who died on June 30, 2021

Date

at Anacortes

City

Skagit

County

WA

State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Ptn Lot 14, Gibraltar Annex

Assessor's Property Tax Parcel/Account Number: 4110-000-014-0102/P73627  
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of \_\_\_\_)

Kimberly A. Byer, Surviving Spouse, 14389 Jura Lane Anacortes WA 98221

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

Dated : September 30, 2021Kimberly A. Byer

Affiant's full name

360-391-1484

Telephone number

14389 Jura Lane

Street

Anacortes, WA 98221

City

State

Zip Code

Kimberly A. Byer  
Signature12-15-21

Date

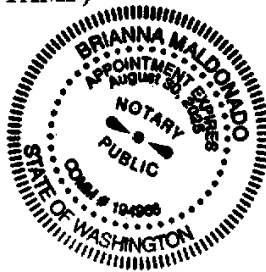
State of WashingtonCounty of SkagitI know or have satisfactory evidence that Kimberly A. Byer

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12 15 2021Brianna Maldonado

Signature of Notary Public

(SEAL OR  
STAMP)Residing at: Anacortes WA 98221Notary Public in and for the State of WAMy appointment expires: 08/30 /2025