

202112150065

12/15/2021 11:22 AM Pages: 1 of 6 Fees: \$44.00
Skagit County Auditor



202112170147

12/17/2021 04:05 PM Pages: 1 of 6 Fees: \$44.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

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

Re-Record to Add Treasures Stamp

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

Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Lena Thompson

Affidavit No. 2021-5795

Date 12/17/2021

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: 210701-457
ATTENDING PHYSICIAN: NOT APPLICABLE

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

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-032 (8/18)

Affidavit for

This is a legal document. Complete in ink and do not alter.

360-235-4330

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
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: _____ 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: _____ City: _____ 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: _____ The true fact is: _____				
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: _____		Printed name: _____		
Date: _____		Date: _____		
INSTRUCTIONS – go to www.wa.gov/hit/docs/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 records (DD 214) • School transcripts • Social Security Number Report • Certificate of Naturalization • Hospital/medical records • 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 (see Acknowledgment of Parentage form DOH 422-153).				
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 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. • 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 the 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): • 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.				
Death Certificates				
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.				
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 official (marriage) or clerk of court (dissolution) must complete and submit the affidavit.				



CERTIFIED

JUL 06 2021

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

Certificate not valid unless the Seal of the State of Washington appears on the back when heat applied.



0 4 4 9 9 7 8 4

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, who died on June 30, 2021
Decedent/Grantor Date

at Anacortes Skagit WA
City County 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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : September 30, 2021

Kimberly 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
Signature

12-15-21

Date

State of Washington

County of Skagit

I know or have satisfactory evidence that Kimberly A. Byer

(name of person)

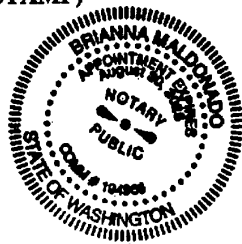
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12 15 2021

Belline Maldonado

Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Anacortes WA 98221

Notary Public in and for the State of WA

My appointment expires: 08/30 /2025