

202201270027

01/27/2022 09:49 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

Return Address:

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\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022-307  
JAN 27 2022

Amount Paid \$ 0  
Skagit Co. Treasurer  
By G Deputy

Document Title:

Death Certificate

Reference Number (if applicable): 201904300088

Grantor(s):  additional grantor names on page \_\_\_\_

- 1) Washington State
- 2) \_\_\_\_\_

Grantee(s):  additional grantor names on page \_\_\_\_

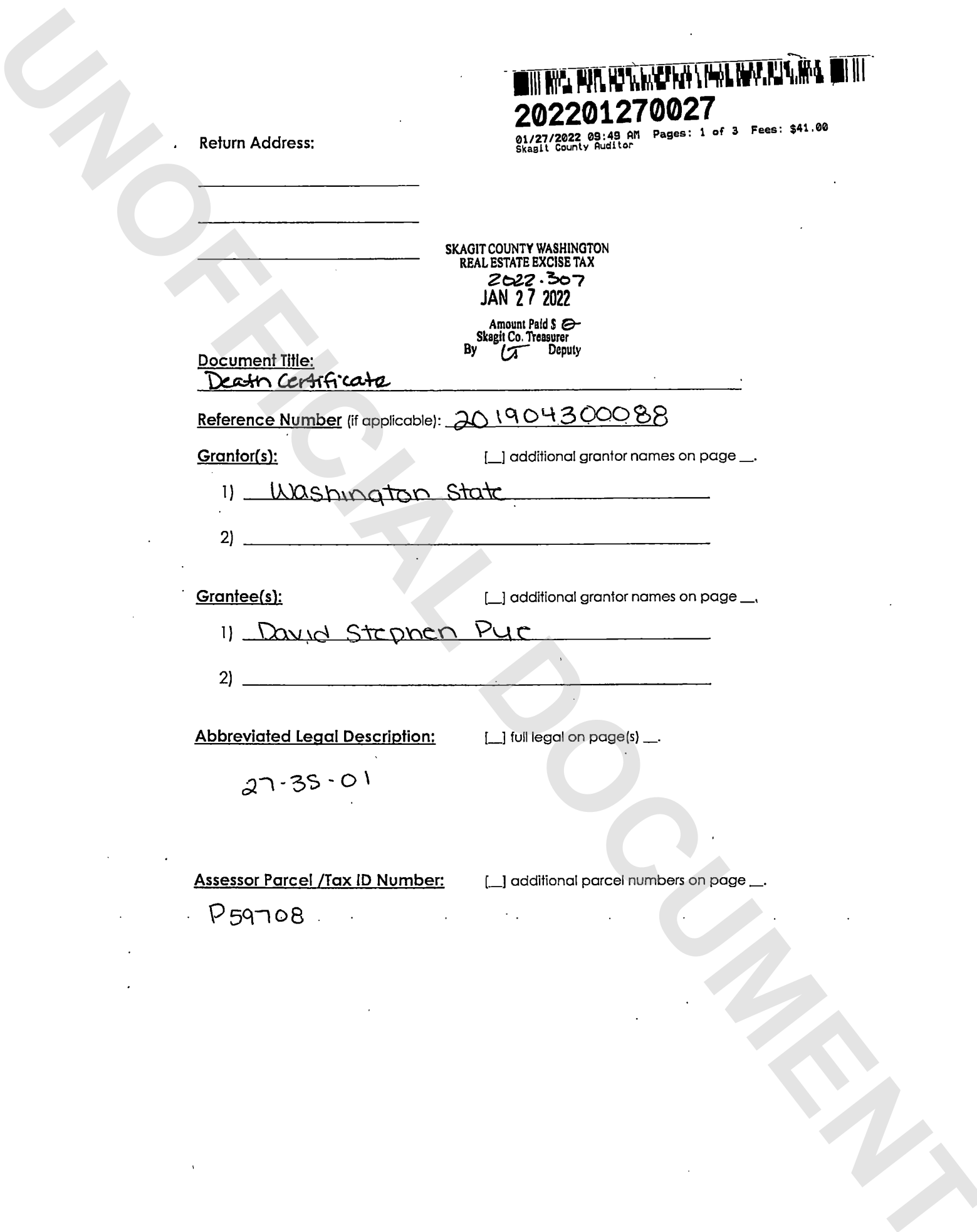
- 1) David Stephen Pyc
- 2) \_\_\_\_\_

Abbreviated Legal Description:  full legal on page(s) \_\_\_\_

27-35-01

Assessor Parcel /Tax ID Number:  additional parcel numbers on page \_\_\_\_

P59708



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-067253

DATE ISSUED: 01/05/2022  
FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): DAVID STEPHEN

LAST NAME(S): PYE

AKA: STEPHEN PYE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 21, 2021

HOUR OF DEATH: 05:32 PM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: UNKNOWN

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: OAKLAND, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SHALITA INTAMAS

OCCUPATION: ENGINEER

INDUSTRY: OIL AND GEOTHERMAL

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: UNKNOWN

INFORMANT: SHALITA PYE

RELATIONSHIP: WIFE

ADDRESS: 5007 DUNDEE DRIVE ANACORTES, WA 98221

CAUSE OF DEATH:

A: COMPLETE HEART BLOCK

INTERVAL: 2006

B: PAROXYSMAL ATRIAL FIBRILLATION

INTERVAL: 2010

C: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: 2000

D: OBSTRUCTIVE SLEEP APNEA

INTERVAL: 2000

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE RENAL 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: 5007 DUNDEE DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER: DAVID JOHNSON PYE

MOTHER: ANNE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JANUARY 05, 2022

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: MANUELA A. BARBER

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: MARGARET SWEENEY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: DECEMBER 30, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MARGARET SWEENEY, PHYSICIAN

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JANUARY 04, 2022



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

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 foregoing is true and correct.
14a. Signature:
Printed name:
Date:
14b. Signature of 2nd parent (if required):
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
• 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.
\*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.
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, 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.



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



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