



**202204060088**

04/06/2022 02:53 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY <u><i>Dena Thompson</i></u>
DATE <u><i>4.6.22</i></u>

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DOCUMENT TITLE(S): WASHINGTON CERTIFICATE OF DEATH

REFERENCE NUMBER(S): N/A

GRANTOR: STATE OF WASHINGTON

GRANTEE: GRAHAM G. WHYTE

ASSESSOR'S PARCEL NO.: P133278 (6038-000-085-0000)

LEGAL DESCRIPTION: Lot 85, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2", recorded July 27, 2016, under Skagit County Auditor's File No. 201607270025.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-003514

DATE ISSUED: 02/22/2022

FEE NUMBER: 1706008

FIRST AND MIDDLE NAME(S): GRAHAM GRIFFITH  
LAST NAME(S): WHYTE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 12, 2022  
HOUR OF DEATH: 01:30 PM  
SEX: MALE AGE: 69 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: LINDA HAUER

OCCUPATION: LABORATORY TECHNICIAN  
INDUSTRY: MEDICAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: LINDA WHYTE  
RELATIONSHIP: SPOUSE  
ADDRESS: 372 S 48TH ST, MT. VERNON, WA 98274

CAUSE OF DEATH:  
A: PNEUMONIA  
INTERVAL: DAYS  
B: ACUTE ENCEPHALOPATHY  
INTERVAL: DAYS  
C: SUBDURAL HEMATOMA WITH CAUSE UNCLEAR, POSSIBLE RELATED TO PATIENT BEING ON COUMADIN  
INTERVAL: DAYS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES WITH DIABETES  
KETO ACIDOSIS

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: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 372 S 48TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: KENNETH WHYTE  
MOTHER: CHARIS [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JANUARY 25, 2022

FUNERAL FACILITY: EVERGREEN WASHELLI FUNERAL HOME

ADDRESS: 11111 AURORA AVE N  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133  
FUNERAL DIRECTOR: RACHAEL A. WALTERS

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: DEBORAH HOLLIS  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 15, 2022

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

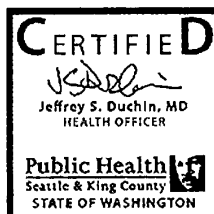
LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: JANUARY 24, 2022

**Affidavit for Correction**

04/06/2022 02:53 PM Page 3 of 3  
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
<b>Required information must match current information on record</b>				
<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First: _____		2. Date of Event: _____/_____/____	3. Place of Event: _____/_____/____
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____	
	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 or Street Address: _____				
Telephone Number: ( ) _____		Email Address: _____		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>		<b>The true fact is:</b>		
8. _____		9. _____		
10. _____		11. _____		
12. _____		13. _____		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature: _____		14b. Signature of 2 <sup>nd</sup> parent (if required): _____		
Printed name: _____		Date: _____		Printed name: _____
Date: _____		Date: _____		
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<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. <b>The proof(s) must match</b> 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 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.</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>				
<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>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<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.				



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



0 5 3 9 8 7 6 0