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04/11/2022 10:47 AM 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 <i>Bern Thompson</i> DATE <i>4-11-22</i>
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DOCUMENT TITLE: WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER(S): PROBATE NO. 21-4-00351-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: BLYNN C. COOPER (Deceased)

REAL PROPERTY:

Lot 44, CREEKSIDE VILLAGE PHASE II, according to the plat thereof recorded in Volume 14 of Plats, pages 133 and 134, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements, assessments and provisions, if any.

TPN: 4536-000-044-0003 (P84019)



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-036241

DATE ISSUED: 07/29/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): **BLYNN CALVERT**
LAST NAME(S): **COOPER**COUNTY OF DEATH: **KING**
DATE OF DEATH: **JULY 18, 2021**
HOUR OF DEATH: **09:50 AM**
SEX: **MALE** AGE: **96 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: **NURSING HOME/LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **BLUEBERRY GARDENS**
CITY, STATE, ZIP: **BOTHELL, WASHINGTON 98011**HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**RESIDENCE STREET: **10614 E RIVERSIDE DR**
CITY, STATE, ZIP: **BOTHELL, WA 98011**
INSIDE CITY LIMITS: **YES** COUNTY: **KING**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **2 YEARS**BIRTH DATE: [REDACTED]
BIRTHPLACE: **FLORENCE, OR**FATHER: **MARSHAL BLYNN COOPER**
MOTHER: **GENEVIEVE LILLIAN** [REDACTED]MARITAL STATUS: **WIDOWED**
SURVIVING SPOUSE: **NOT APPLICABLE**METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**OCCUPATION: **MANAGER**
INDUSTRY: **PORT OF SEATTLE**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **YES**CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **JULY 28, 2021**INFORMANT: **TERESA MARIE COOPER**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **1075 SPACE PARK WAY #40, MOUNTAIN VIEW, CA 94043**FUNERAL FACILITY: **WHIDBEY MEMORIAL FUNERAL & CREMATION
SERVICE INC**
ADDRESS: **746 NE MIDWAY BLVD**
CITY, STATE, ZIP: **OAK HARBOR, WASHINGTON 98277**
FUNERAL DIRECTOR: **JOHN HAAS**

CAUSE OF DEATH:

A: **UNSPECIFIED NATURAL CAUSES**
INTERVAL: **MINUTES**B:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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**DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: **LAURA A. CURTIS, ARNP**
TITLE: **ARNP**
CERTIFIER ADDRESS: **PO BOX 1526**
CITY, STATE, ZIP: **MERCER ISLAND, WASHINGTON 98040**
DATE SIGNED: **JULY 23, 2021**

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**LOCAL DEPUTY REGISTRAR: **ROBBIE GASKIN**
DATE RECEIVED: **JULY 28, 2021**



Affidavit for Correction

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Center for Health Statistics
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
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

- 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.

CERTIFIED

JUL 29 2021

Howard ... Health Officer
... Health Dept.



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