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04/12/2022 12:30 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

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DOCUMENT TITLE: CERTIFICATE OF DEATH  
REFERENCE NUMBER: SKAGIT COUNTY CAUSE NO. 21-4-00532-29  
GRANTOR: STATE OF WASHINGTON  
GRANTEE: LILLIAN I. NELSON (DECEASED)  
TAX PARCEL NUMBERS: P54094 (3751-000-026-0005) &  
P66508 (3938-001-027-0008)

LEGAL DESCRIPTIONS:

Tax Parcel Number: P54094 (3751-000-026-0005)

Tract 26, "PATCHENS FIRST ADDITION TO MOUNT VERNON" as per plat Recorded in Volume 6 of Plats, page 1, Records of Skagit County, Washington.

Tax Parcel Number: P66508 (3938-001-027-0008)

Lots 26 and 27, Block 1, Lake Cavanaugh Subdivision, Division No. 2, a recorded plat in Sections 26 and 27, Township 33 North, Range 6 East, W.M., and

The Shorelands of the Second Class, owned by the State of Washington, situate in front of, adjacent to, or abutting upon Lots 26 and 27, Block 1, Lake Cavanaugh Subdivision, Division No. 2, a recorded plat in Sections 26 and 27, Township 33 North, Range 6 East, W.M., with a frontage of 1.85 lineal chains, more or less.

Subject, however, to an easement for a right to overflow granted to the Western Power Company on May 27, 1913, under Application No. 8924.

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2021-053598

LOCAL FILE NUMBER: 4729

DATE ISSUED: 10/25/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LILLIAN IRENE  
LAST NAME(S): NELSON

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: OCTOBER 15, 2021  
HOUR OF DEATH: UNKNOWN  
SEX: FEMALE AGE: 96 YEARS  
SOCIAL SECURITY NUMBER: ██████████

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

BIRTH DATE: ██████████  
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE  
INDUSTRY: MEDICAL  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

INFORMANT: SHERYL ANN AAKER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 7707 S. LAKERIDGE DR., SEATTLE, WA 98178

CAUSE OF DEATH:  
A: **COMPLICATIONS OF RIGHT HIP FRACTURE**  
INTERVAL: DAYS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE  
CARDIOVASCULAR DISEASE; DEMENTIA NOS

DATE OF INJURY: AUGUST 03, 2021  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: ASSISTED LIVING FACILITY

LOCATION OF INJURY: 400 GILKEY ROAD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: GROUND-LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: JOSEPHINE CARING COMMUNITY  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

RESIDENCE STREET: 1523 S. 15TH STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: JOHN NESTOR JOHNSON  
MOTHER: MATILDA LOVISA ██████████

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 20, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOHN M. LACY, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 9509 29TH AVENUE WEST  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98204  
DATE SIGNED: OCTOBER 20, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: SCME 211019-661  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ROXANA FALCON  
DATE RECEIVED: OCTOBER 25, 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
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<b>Required</b>	<b>Required information must match current information on record</b>			
	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:
	First	Middle	Last	MM/DD/YYYY (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)	
	First	Middle	Last/Maiden	First Middle Last/Maiden
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	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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

#### 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.

\*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.

#### Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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\*

OCT 25 2021

*Howard Letbrand*  
Skagit County Health Department  
Howard Letbrand M.D., Health Officer



0 5 1 6 5 2 5 2

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