



202206270098

06/27/2022 03:08 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022-2654
JUN 27 2022

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

Document Title:

Death Certificate

Reference Number:

202202220173

Grantor(s):

additional grantor names on page ____.

1. Stanley Edward Coffman

2.

Grantee(s):

additional grantee names on page ____.

1. Aaron Coffman

2. James Coffman

Abbreviated legal description:

full legal on page(s) ____.

S 1/3 N 1/2 Lot 4, N 1/3 S 1/2 Lot 4, Sec 18, TWP 35
N, Rng 5 E W.M.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P39307 | 350518-0-020-0000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2022-016613**DATE ISSUED: **04/01/2022**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **STANLEY EDWARD**
LAST NAME(S): **COFFMAN**COUNTY OF DEATH: **SKAGIT**DATE OF DEATH: **MARCH 25, 2022**HOUR OF DEATH: **05:59 PM**SEX: **MALE** AGE: **84 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: **THEDFORD, NE**MARITAL STATUS: **DIVORCED**SURVIVING SPOUSE: **NOT APPLICABLE**OCCUPATION: **PIPEFITTER**INDUSTRY: **REFINERY**EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**US ARMED FORCES: **YES**INFORMANT: **JAMIE SPILLER**RELATIONSHIP: **REPRESENTATIVE**ADDRESS: **526 W STATE STREET, SEDRO WOOLLEY, WA 98284**

CAUSE OF DEATH:

A: **ACUTE KIDNEY FAILURE**INTERVAL: **2 WEEKS**B: **CHRONIC STATIN INDUCED RHABDOMYOLYSIS**INTERVAL: **3 MONTHS**

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CHRONIC RENAL DISEASE,
PERIPHERAL VASCULAR DISEASE, CORONARY ARTERY DISEASE**

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: **DECEDENT'S HOME**FACILITY OR ADDRESS: **423 N TOWNSHIP STREET**CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**RESIDENCE STREET: **423 N TOWNSHIP STREET**CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284**INSIDE CITY LIMITS: **YES**COUNTY: **SKAGIT**TRIBAL RESERVATION: **NOT APPLICABLE**LENGTH OF TIME AT RESIDENCE: **27 YEARS**FATHER: **JOHN A COFFMAN**MOTHER: **MURLE**METHOD OF DISPOSITION: **CREMATION**PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**CITY, STATE: **MOUNT VERNON, WASHINGTON**DISPOSITION DATE: **MARCH 31, 2022**FUNERAL FACILITY: **KERN FUNERAL HOME**ADDRESS: **1122 S. 3RD STREET**CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**FUNERAL DIRECTOR: **DANIEL G LA PLAUNT**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: **ANITA M. MEYER, MD**TITLE: **PHYSICIAN**CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**DATE SIGNED: **MARCH 28, 2022**CASE REFERRED TO ME/CORONER: **NO**FILE NUMBER: **NOT APPLICABLE**ATTENDING PHYSICIAN: **NOT APPLICABLE**LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**DATE RECEIVED: **MARCH 30, 2022**



Affidavit for Correction

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Wash. State 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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections (Record Type, Name on Record, Date of Event, Place of Event, etc.).

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record currently shows: and The true fact is: with rows 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.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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 / Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgement 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.

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.



CERTIFIED

APR 01 2022

Signature of Howard Leibrand M.D., Health Officer
Skagit County Health Department
Howard Leibrand M.D., Health Officer



0 5 4 9 1 4 1 1

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