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08/08/2022 03:48 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

<b>REVIEWED BY</b> <b>SKAGIT COUNTY TREASURER</b> DEPUTY <u>Dena Thompson</u> DATE <u>8.8.22</u>
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DOCUMENT TITLE: WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER: SKAGIT COUNTY CAUSE NO. 21-4-00398-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: ROBERT L. CRAWFORD (Deceased)

ASSESSOR'S PARCEL NUMBERS: P22597 (340324-1-019-0006); P128932 (5100-003-002-0000);  
P66521 (3938-001-041-0000); P66662 (3938-003-006-0009);  
P66663 (3938-003-007-0008)

ABBREVIATED LEGAL DESCRIPTIONS:

P22597 (340324-1-019-0006): Portion of the Southeast 1/4 of the Northeast 1/4 of Section 24, Township 34 North, Range 3 East, W.M.

P128932 (5100-003-002-0000): Portion of Tract N, SURVEY OF SHELTER BAY, DIVISION NO. 3, Tribal Allotted Lands of Swinomish Indian Reservation, Commencing at the Southwest corner of the Northeast Quarter of Section 2, Township 33 North, Range 2 East of the Willamette Meridian.

P66521 (3938-001-041-0000); P66662 (3938-003-006-0009); P66663 (3938-003-007-0008): Lots 41 and 42, Block 1, Lots 6 and 7, Block 3, "LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 2".

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-040244

DATE ISSUED: 08/20/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT LEE

LAST NAME(S): CRAWFORD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 11, 2021

HOUR OF DEATH: 11:00 AM

SEX: MALE AGE: 51 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: EDMONDS, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BARBARA CARLSON

OCCUPATION: VICE PRESIDENT OF OPERATIONS

INDUSTRY: FOOD SERVICE DISTRIBUTION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: BARBARA CRAWFORD

RELATIONSHIP: WIFE

ADDRESS: 17885 MCLEAN ROAD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: MULTIPLE BILATERAL PULMONARY THROMBOEMBOLI

INTERVAL: MINUTES-HOURS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME

FACILITY OR ADDRESS: 17885 MCLEAN ROAD

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 17885 MCLEAN ROAD

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: WILLIAM CRAWFORD

MOTHER: JERRI [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 28, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

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: AUGUST 18, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 210811-504

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 19, 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: 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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.

\*CERTIFIED\*

AUG 20 2021

Howard Leibrand M.D., Health Officer



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