

WHEN RECORDED RETURN TO:

**Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233**

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/18/2022

206477-LT,

**DOCUMENT TITLE(S):
Death Certificate**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
THOMAS ALVIN GRIMMER**

**GRANTEE:
STATE OF WASHINGTON**

**ABBREVIATED LEGAL DESCRIPTION:
lot 3, Eaglemont Ph 1E**

**TAX PARCEL NUMBER(S):
4765-000-003-0000/P117422**

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-006585

DATE ISSUED: 03/03/2022
FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): THOMAS ALVIN
LAST NAME(S): GRIMMER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 22, 2022
HOUR OF DEATH: 10:55 AM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE:
BIRTHPLACE: GROSSE POINTE FARMS, MI

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JANET ANN GRIPE

OCCUPATION: SALES
INDUSTRY: PRINTING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: JANET ANN GRIMMER
RELATIONSHIP: SPOUSE
ADDRESS: 1320 EAGLEMONT PL. MOUNT VERNON, WA.. 98274

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: MINUTES
B: AUTOMATED INTERNAL CARDIAC DEFIBRILLATOR DEACTIVATION
INTERVAL: 2 DAYS
C: HISTORY OF VENTRICULAR TACHYCARDIA REQUIRING AUTOMATED INTERNAL CARDIAC DEFIBRILLATOR
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: END STAGE RENAL DISEASE
ON HEMODIALYSIS, HFREF, SEVERE PERIPHERAL VASCULAR 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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1320 EAGLEMONT PL.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: ROY EDWARD GRIMMER
MOTHER: VERONICA ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: FEBRUARY 07, 2022

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENN

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

CERTIFIER NAME: MALIK NIZAMUDDIN, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JANUARY 26, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MALIK NIZAMUDDIN, DO

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 07, 2022



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

PO Box 347879
Olympia, WA 98504-7819
360-233-4300

| STATE OFFICE USE ONLY | | | | |
|-----------------------|-------------|-------|------|------------------|
| State File Number | Case Number | Title | Date | Affidavit Number |

| Required information must match current information on record | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------|--------------------|-----------------------|
| Record Type: | Birth | Death | Marriage | Dissolution (Divorce) |
| 1. Name on Record: | 2. Date of Event: | | 3. Place of Event: | |
| 4. Father/Parent (U) Birth Name (Spouse A for Marriage or Dissolution) | | 5. Mother/Parent (U) Birth Name (Spouse B for Marriage or Dissolution) | | |
| 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"/> Possible | | | | |
| Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify): _____ | | | | |

7. Return Mailing Address: _____

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 foregoing is true and correct.

4a. Signature: _____ 4b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov/practice-information

Required proof documentation must be submitted with this affidavit and include the name and sign date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-3-4)
- School transcripts
- Social Security Number Report
- Certificate of Naturalization
- Hospital record 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 16 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 Paternity form DCH 422-159).

Child under 18

- If legal guardian(s) include certified court order showing guardianship
- Up to age one or up to one year for using the "Living of an Acknowledgment of Paternity form," last name can be changed once to either parent's name or 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

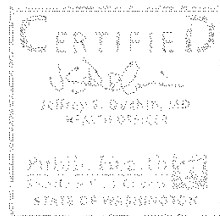
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is missing, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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. Marriage/divorce requires a certified court order (otherwise 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 official marriage, or clerk of court, dissolution must complete and submit the affidavit.



0 5 4 0 2 6 7 6

Return Address:Land Title and Escrow Company111 East George Hopper Road, PO Box 445Burlington, WA 98233206477-LT**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Janet A. Grimmer, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Thomas A. Grimmer, who died on January 22, 2022, at:
Relationship to decedent Decedent/Grantor date

Mount Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3, Eaglemont Ph 1E

Assessor's Property Tax Parcel/Account Number: 4765-000-003-0000/P117422

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Janet Ann Grimmer, 83, Spouse, 1320 Eaglemont Place, Mount Vernon, WA 98274
Full name, age, relationship, address

Angela S. Grimmer, 59, Daughter, 13846 231 Ln. NE, Redmond, WA 98063
Full name, age, relationship, address

Betsy A. Vanek, 55, Daughter, 15251 Bayview St. Nisqually, WA 98549

William T. Grimmer, 52, Son, 2304 15th Ave S. Seattle WA 98144
Full name, age, relationship, address

Dated: August 10, 2022

Janet A. Grimmer
1320 Eaglemount Place
Mount Vernon, WA 98274
425-760-6220

Janet A. Grimmer
Signature

8/17/22
Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 17 day of Aug, 2022 by

Janet A. Grimmer

[Signature]
Signature

Notary
Title

My appointment expires: NOV 15, 20 22

