



202209160100

09/16/2022 03:20 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Return to:

KYLE DORSEY
6139 Waldron Drive SE
Olympia, WA 98513


SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 3822

SEP 16 2022

Amount Paid \$ 0

Skagit Co. Treasurer

By  Deputy

Document Title:

DEATH CERTIFICATE

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. LESLEY JOANN DEKREY

2.

Grantee(s):

☐ additional grantee names on page ____.

1.

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LT 9, BLK 3, EVERETT'S 2ND ADDN TO CONCRETE

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P70831

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-017777

DATE ISSUED: 04/07/2022
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): LESLEY JOANN
LAST NAME(S): DEKREY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 01, 2022 FOUND
HOUR OF DEATH: 10:00 AM FOUND
SEX: FEMALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: DALLAS, TX

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: VETERINARIAN
INDUSTRY: VETERINARY MEDICINE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

INFORMANT: KYLE DORSEY
RELATIONSHIP: EXECUTOR
ADDRESS: 6139 WALDON DR. SE. OLYMPIA, WA 98513

CAUSE OF DEATH:

A: PENDING
INTERVAL: PENDING

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 45173 MAIN ST
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 45173 MAIN ST
CITY, STATE, ZIP: CONCRETE, WA 98237-9364
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: JOHN ALLEN DEKREY
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: APRIL 07, 2022

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

MANNER OF DEATH: PENDING

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: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 04, 2022

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 220401-544
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: APRIL 05, 2022

Affidavit for Correction

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 | Required information must match current information on record | | | | |
| | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden | | |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 nd parent (if required): |
| Printed name: | Printed name: |
| Date: | 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) |
| • Certificate of Naturalization | • Hospital/medical record |
| • School transcripts | • Social Security Numident Report |
| • 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. | |

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| 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. | • Only the adult can change his or her birth certificate. |
| • 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. | • If the first or middle name is missing, three pieces of proof documentation are required. |
| • No proof is required to change the first or middle name.* | • 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 information, one proof documentation is required. | • To correct parent's birth date, place of birth, or name, 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. | |

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|---|--|
| 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. | |

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| 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.




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