

202211040036

11/04/2022 11:07 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2022-4484  
NOV 04 2022

Amount Paid \$ 2  
Skagit Co. Treasurer  
By JB Deputy

Document Title:

Death Certificate

Reference Number : 202105060110

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. Wash. State of

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. Lisa J. Cure

2. Jennifer J. Lind

William Ray Sloan

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

Lot 11, "Gilkey's Addition to Burlington," as per plat recorded in Vol 7 of Plats, pg 29,  
records of Skagit County, Washington.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

P72556

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-026134

DATE ISSUED: 05/23/2022  
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): WILLIAM RAY  
LAST NAME(S): SLOAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 19, 2022  
HOUR OF DEATH: 06:25 AM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MACHINIST  
INDUSTRY: STEEL AND IRON MACHINERY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: LISA CURE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 2623 N 27TH STREET, MOUNT VERNON, WASHINGTON 98273

CAUSE OF DEATH:

- A: SEPSIS  
INTERVAL: 4 DAYS
- B: OSTEOMYELITIS  
INTERVAL: MONTHS
- C: PERIPHERAL VASCULAR DISEASE  
INTERVAL: YEARS
- D: DIABETES MELLITUS  
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA; CHRONIC KIDNEY DISEASE, STAGE 3; 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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1107 S SPRUCE ST  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: WILLIAM RALPH SLOAN  
MOTHER: JUNE CATHERINE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES KENT

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: MAY 23, 2022

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115  
FUNERAL DIRECTOR: ADRIEN H. HUNTER

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

CERTIFIER NAME: MARY RAMSBOTTOM, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 EAST KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MAY 20, 2022

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: MAY 23, 2022

**Affidavit for Correction**

Mail to: 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
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**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:		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
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 foregoing is true and correct.**

14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	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.
- \*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**

- 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.

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 70.58A RCW

**CERTIFIED**

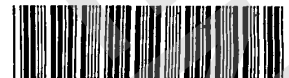
Anthony L-Chen, MD, MPH

DIRECTOR

DO NOT DESTROY

2705826

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



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