



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-025516

DATE ISSUED: 05/18/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ARNIS BRIKMANIS  
LAST NAME(S): DELMAGE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 16, 2022  
HOUR OF DEATH: 07:00 AM  
SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 15495 COTTONWOOD LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 15495 COTTONWOOD LANE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 33 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: RIGA LATVIA

FATHER: ARTHUR BRIKMANIS  
MOTHER: ZOJA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ANN SHEARER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: UNITED STATES AIR FORCE  
INDUSTRY: MILITARY  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MAY 19, 2022

INFORMANT: ANN DELMAGE  
RELATIONSHIP: WIFE  
ADDRESS: 15495 COTTONWOOD LANE MOUNT VERNON WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: MALIGNANT NEOPLASM OF PROSTATE WITH METASTASES TO BONE AND PLEURA OF LUNG  
INTERVAL: YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: KELLE BROGAN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 316 E MCLEOD RD #101  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
DATE SIGNED: MAY 16, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS  
DATE RECEIVED: MAY 18, 2022



Affidavit for Correction 11/17/2022 10:16 AM Page 3 of 3

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

P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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, Last, Middle  
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: Street, 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, The true fact is. Rows 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: 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.



\*CERTIFIED\*

MAY 18 2022

Skagit County Health Department  
Howard Letbrand M.D., Health Officer



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