



20221180043

11/18/2022 11:17 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 4567  
NOV 18 2022

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *LT* Deputy

Document Title:  
DEATH CERTIFICATE

Reference Number :

Grantor(s):

additional grantor names on page \_\_\_

1. PATRICIA DEY BELL

2.

Grantee(s):

additional grantee names on page \_\_\_

1.

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

PTN GOV LT 5 IN 12-34-1 EWM

Assessor Parcel / Tax ID Number:

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

P19241

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-050520

DATE ISSUED: 10/04/2022  
FEE NUMBER:FIRST AND MIDDLE NAME(S): PATRICIA DEY  
LAST NAME(S): BELLCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 01, 2022  
HOUR OF DEATH: 03:30 PM  
SEX: FEMALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SAN MATEO, CAMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: SPEECH PATHOLOGIST  
INDUSTRY: HEALTHCARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NOINFORMANT: GARTH BELL  
RELATIONSHIP: SON  
ADDRESS: 5916 CAMPBELL LAKE ROAD, ANACORTES, WA 98221CAUSE OF DEATH:  
A: DEMENTIA - PARKINSON'S RELATED  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: URINARY TRACT INFECTIONS,  
FREQUENT FALLS, RECENT OSTEOPOROTIC PATHOLOGIC FRACTURES.DATE OF INJURY: AUGUST 01, 2022  
HOUR OF INJURY: 08:52 PM FOUND  
INJURY AT WORK: NO  
PLACE OF INJURY: SKILLED NURSING FACILITY

LOCATION OF INJURY: 1105 27TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 5916 CAMPBELL LAKE ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 5916 CAMPBELL LAKE ROAD  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARSFATHER: CLARENCE WILLIAM BRIZEE  
MOTHER: GERTRUDE [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 05, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER OF DEATH: ACCIDENT  
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 RESPONSECERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: OCTOBER 04, 2022CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 221003-961  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: OCTOBER 04, 2022



Affidavit for Correction

11/18/2022 11:17 AM Page 2 of 3
Walloa, WA, Skagit County 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, 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.

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.

\*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.

Death Certificates

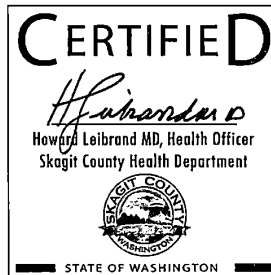
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or 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.



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