

WHEN RECORDED RETURN TO:

Linda C. Sinclair
11805 60th Street NE
Lake Stevens, WA 98258

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 01/24/2023

207829-LT, Land Title and Escrow

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
ROBERT MICHAEL FREDERICK SINCLAIR

ABBREVIATED LEGAL DESCRIPTION:
SE NW, 31-35-2

TAX PARCEL NUMBER(S):
350231-2-017-0007/P33388 & 350231-0-033-0001/P33296

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number		482 Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Robert Michael Frederick SINCLAIR				2. Death Date 1-11-2012		
3. Sex (MF) Male	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number	6. County of Death King	
7. Birthdate	8a. Birthplace (City, Town, or County) Bellingham	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Diploma			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes		
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 11438 Whistle Lake Road				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country WA	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	
14. Estimated length of time at residence. 35 Yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Linda Carol Scoggins		
17. Usual Occupation (Indicate type of work done during most of working life.) Lab Technician			18. Kind of Business/Industry (Do not use Company Name) Refinery			
19. Father's Name (First, Middle, Last, Suffix) Pierre Michael Sinclair			20. Mother's Name Before First Marriage (First, Middle, Last)			
21. Informant's Name Linda Carol Sinclair		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip 11438 Whistle Lake Rd., Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: N/A		
25. Facility Name (if not a facility, give number & street or location) Harborview Medical Center 325 9th ave			26a. City, Town, or Location of Death Seattle		26b. State WA	27. Zip Code 98104
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Services		30. Location: City/Town, and State Kent, WA		
31. Name and Complete Address of Funeral Facility Washington Cremation Centers 749 N Central Ave Kent, WA 98032				32. Date of Disposition 23-Jan-2012		
33. Funeral Director Signature X <i>Joseph D. ...</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure Interval between Onset & Death: Hrs Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Ruptured Abdominal Aortic Aneurysm Interval between Onset & Death: days Due to (or as a consequence of): c. Interval between Onset & Death: d. Interval between Onset & Death:						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Acute Kidney Injury				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.
45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Virginia Achim M.D. HMC Dept of surgery Service				50. Hour of Death (24hrs) 1650		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Ronald William Paulding M.D. HMC Dept Surgery				52. Date Signed (mm/dd/yyyy) 1-12-2012		
53. Title of Certifier Resident M.D.		54. License Number 1598085383		55. ME/Coroner File Number NJA-12-269		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Jan ...</i>				58. Date Received (mm/dd/yyyy) JAN 23 2012		
59. Amendments						

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE DOH LOGO.



Affidavit for Correction

202301240035

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Center for Health Statistics
9800 1st Avenue
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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 3. Proof must be five (or more) years old or have been established within five years of birth.
 4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Misspelling changes may be made with an affidavit and documentary proof.
 5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (with their child's 18th birthday).
 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit.)

Death Certificates:
 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is provided) may change the non-medical information.
 2. The medical information (cause of death) may be changed only by the certifying physician or the hospital medical staff.
 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:
 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by either party, at least 30 days prior to the date of correction.
 2. To change the date or place of marriage or dissolution, the court order must be submitted with the affidavit.

SUSAN MARIE WHITTLE
 NOTARY PUBLIC
 STATE OF WASHINGTON
 COMMISSION EXPIRES
 MARCH 9, 2015

CERTIFIED
 Seattle - King County
 Department of Public Health

 David Fleming, MD
 Director and Health Officer

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A DOCUMENT IN THE POSSESSION OF LINDA SINCLAIR AS OF THIS DATE.
 DATED: FEBRUARY 2, 2012

 SUSAN MARIE WHITTLE
 NOTARY
 MY APPOINTMENT EXPIRES 3/9/15

JAN 25 2012

VV00178854

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 3rd day of January, 1986, by and between Robert M. F. Sinclair and Linda C. Sinclair, husband and wife, of Skagit County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we Robert M. F. Sinclair and Linda C. Sinclair have hereunto set our hands this 3rd day of January, 1986.

Jim Blankenship Robert M. F. Sinclair
WITNESS SPOUSE
Debra J. Daniels Linda C. Sinclair
WITNESS SPOUSE

STATE OF WASHINGTON, }
County of Skagit } ss.

This is to certify on this 3rd day of January, 1986, Maria Terlaje a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Robert M. F. Sinclair and Linda C. Sinclair husband and wife, to me known to be the individual described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Maria Terlaje
Notary Public in and for the State of Washington, residing at Bellevue, WA.