

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

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

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

SATTERLEE, LARRY D.

Additional names on page _____ of document

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

PTN NE ¼ NE ¼ & PTN E ½ NW ¼ NW ¼ Sec 23, TWP 35 N, R 3 E, W.M. AKA TRACT A S/P #46-75 TGW PTN NW ¼ NE ¼

Additional legal on page _____ of document

ASSESSOR'S PARCEL/TAX I.D. NUMBER: 350323-1-003-0004 / P34688

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional reference numbers on page _____ of document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-059101

DATE ISSUED: 11/22/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LARRY DALE
LAST NAME(S): SATTERLEE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 19, 2022
HOUR OF DEATH: 07:00 PM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 16768 ALLEN WEST ROAD
CITY, STATE, ZIP: BOW, WA 98232
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHICAGO, IL

FATHER: CLYDE PRESTON SATTERLEE
MOTHER: MARION JANE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ELISABETH LINK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: PLANT BREEDER
INDUSTRY: AGRICULTURE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 23, 2022

INFORMANT: JESSE SATTERLEE
RELATIONSHIP: SON
ADDRESS: 4023 SEFTON ST., PORT COQUITLAM, BC, CANADA, V3B 3S2

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARA E. PERRY

CAUSE OF DEATH:

- A: **CARDIAC ARREST**
INTERVAL: 1 HOUR
B: **ACUTE HYPOXIC RESPIRATORY FAILURE**
INTERVAL: 3 DAYS
C: **HEART FAILURE WITH REDUCED EJECTION FRACTION AND PNEUMONIA**
INTERVAL: 3 DAYS
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: DOUGLAS HAYES, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 21, 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: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 22, 2022



Affidavit for Correction 01/24/2023 03:26 PM Page 3 of 3

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

Statistics 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 of Record; 2. Date of Event; 3. Place of Event; 4. Father/Parent Full Birth Name; 5. Mother/Parent Full Birth Name; 6. Name of Person Requesting Correction; 7. Return Mailing Address; Telephone Number; Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record currently shows; 9. The true fact is; 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 2nd parent (if required); Printed name; Date

INSTRUCTIONS - go to www.doh.wa.gov for more information

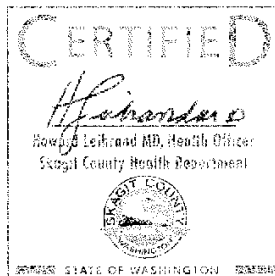
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical 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). 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 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. 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.

Death Certificates: 1. Only the informant may change the non-medical information without proof documentation. 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.



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Certificates not valid unless the Seal of the State or Wash down changes color when heat applied.