

202301300062

01/30/2023 03:28 PM Pages: 1 of 6 Fees: \$44.00

Skagit County Auditor, WA

**WHEN RECORDED RETURN TO:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Josie Bear  
DATE 01/30/2023

**208275-LT,**

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**  
n/a

**GRANTOR:**  
LORNA LYNN SANTILLO

**GRANTEE:**  
STATE OF WASHINGTON

**ABBREVIATED LEGAL DESCRIPTION:**  
Unit 4, Building 903, Shoretime Condo.

**TAX PARCEL NUMBER(S):**  
4838-903-004-0000/P121768

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-053301

DATE ISSUED: 10/20/2022  
FEE NUMBER: 2715FIRST AND MIDDLE NAME(S): LORNA LYNN  
LAST NAME(S): SANTILLO

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 15, 2022

HOUR OF DEATH: 10:15 PM

SEX: FEMALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: MELROSE PARK, IL

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BOOKKEEPER

INDUSTRY: BOOKKEEPING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: NORA LYNN HAGGERTY

RELATIONSHIP: DAUGHTER

ADDRESS: 1005 APACHE DR, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ASPIRATION PNEUMONIA

INTERVAL: 2 WEEKS

B: DYSPHAGIA

INTERVAL: 2 WEEKS

C: STROKE

INTERVAL: 2 WEEKS

D: HYPERTENSION

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1005 APACHE DR

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1005 APACHE DR

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 11 MONTHS

FATHER: LEONARD DREW COLLORD

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: OCTOBER 20, 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: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SHARON BROWN, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: OCTOBER 19, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: OCTOBER 20, 2022

**Affidavit for Correction**

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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
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	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:
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**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*  
Anthony L. Chen, MD, MPH  
DIRECTOR  
DO NOT DESTROY

2700664



0 5 8 0 2 4 8 4

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

**Return Address:**

**Land Title and Escrow Company**  
**3010 Commercial Avenue**  
**Anacortes, WA 98221**  
**208275-LT**

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee NORA LYNN HAGBERTY being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

*WUP* LOANA L. SANTILLO DAUGHTER of LOANA L. SANTILLO  
*Relationship to decedent* *Decedent/Grantor*

who died on OCTOBER 15, 2022 at  
*Date*

MOUNT VERNON SKagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number: 4838-903-004-0000/P121768  
 (Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

NORA LYNN HAGBERTY - daughter

1005 APACHE DR MOUNT VERNON WA 98273

Full name, age, relationship, address

DARIN LEONARD BULLHINE - SON

172 ARANDALE ST BEDFORD PA 15622

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 25, 2023  
NORA LYNN HAGGERTY  
Affiant's full name  
360 855 5442  
Telephone number  
1005 APACHE DR  
MOUNT VERNON WA 98273  
City State Zip Code  
Nora Lynn Haggerty January 25 2023  
Signature Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 25<sup>th</sup> day of Jan., 2023 by  
Nora Lynn Haggerty

Naomi R. Stanfill  
Signature  
Notary  
Title

My appointment expires: March 17, 2026

