



202304140129

04/14/2023 11:14 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2023 6120  
APR 14 2023

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

Document Title:  
DEATH CERTIFICATE

Reference Number :

Grantor(s):

additional grantor names on page \_\_\_

1. STATE OF WASHINGTON
- 2.

Grantee(s):

additional grantee names on page \_\_\_

1. DAVID LYLE NICHOLS
- 2.

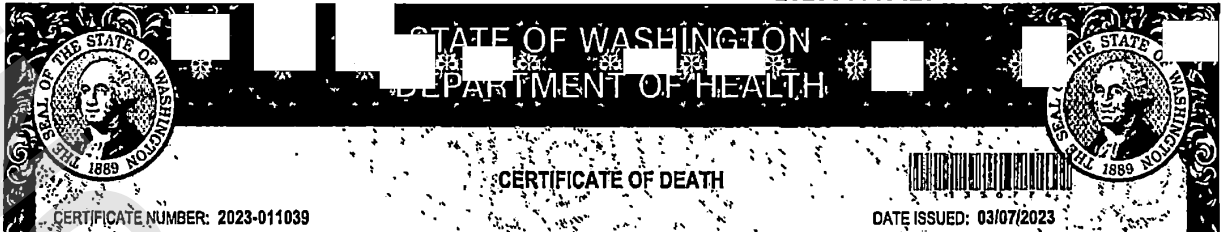
Abbreviated legal description:

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

LTS 1-4, BLK 32, AMENDED PLAT OF BURLINGTON

Assessor Parcel / Tax ID Number:  
71505

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



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-011039

DATE ISSUED: 03/07/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID LYLE  
LAST NAME(S): NICHOLS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 01, 2023  
HOUR OF DEATH: 05:00 AM  
SEX: MALE AGE: 82 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: 235 NORTH SKAGIT STREET  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: KALISPELL, MT

FATHER: RAYMOND DELBERT NICHOLS  
MOTHER: VIOLET LEONA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: FAE LUCILLE MORGAN

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GREENHILLS CEMETERY

OCCUPATION: MINISTER  
INDUSTRY: RELIGION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: BURLINGTON, WASHINGTON  
DISPOSITION DATE: MARCH 18, 2023

INFORMANT: FAYE L NICHOLS  
RELATIONSHIP: WIFE  
ADDRESS: P. O. BOX 272, BURLINGTON, WA 98233

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:  
A: CARDIAC PULSELESS ELECTRICAL ARREST DUE TO HYPERKALEMIA  
INTERVAL: HOURS  
B: UPPER GASTROINTESTINAL BLEEDING FROM GASTRIC ULCER  
INTERVAL: DAYS  
C: RIGHT LEG CELLULITIS  
INTERVAL: DAYS TO WEEKS  
D:  
INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH: ENDSTAGE RENAL DISEASE ON  
DIALYSIS, DIABETES TYPE 2, HYPERTENSION

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

CERTIFIER NAME: MALIK FUIMAONO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 05, 2023

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: MARIA VIVANCO  
DATE RECEIVED: MARCH 07, 2023



Affidavit for Correction

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Married:
Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-235-4300

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 Hospital 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:

The record currently shows: The true fact is:
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: 14b. Signature of 2nd parent (if required):
Printed name: Date: 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.

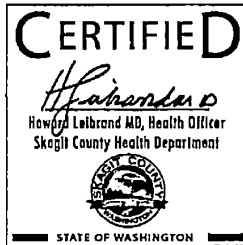
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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 Adult (18 years or older)
If legal guardian(s), include certified court order proving guardianship. Only the adult can change his or her birth certificate.
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. If the first or middle name is missing, three pieces of proof documentation are required.
No proof is required to change the first or middle name. 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 information, one proof documentation is required. To correct parent's birth date, place of birth, or name, 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.

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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