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05/03/2023 01:41 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6354

MAY 3 2023

Amount Paid \$
Skagit Co. Treasurer
By 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. LINDA CAROL SINCLAIR

2.

Abbreviated legal description:

☐ full legal on page(s) ____

LOTS 7, 8 AND 9, BLOCK 2, NORTHERN PACIFIC ADDITION TO ANACORTES,
RECORDED IN VOLUME 2 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P58146

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-005790

LOCAL FILE NUMBER: 710

DATE ISSUED: 02/07/2023

FEE NUMBER: 310223

FIRST AND MIDDLE NAME(S): LINDA CAROL
LAST NAME(S): SINCLAIR

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: FEBRUARY 02, 2023

HOUR OF DEATH: 03:15 PM

SEX: FEMALE AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: VILLAGE CONCEPTS

CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270

RESIDENCE STREET: 11805 60TH ST NE

CITY, STATE, ZIP: LAKE STEVENS, WA 98258

INSIDE CITY LIMITS: NO

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 MONTHS

BIRTH DATE: [REDACTED]

BIRTH PLACE: SAN DIEGO, CA

FATHER: THOMAS JOSEPH SCOGGINS

MOTHER: [REDACTED]

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: LOANS SPECIALIST

INDUSTRY: BANKING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: FEBRUARY 07, 2023

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

INFORMANT: SANDRA KAY THOMAS

RELATIONSHIP: SISTER

ADDRESS: 11805 60TH ST NE, LAKE STEVENS, WA 98258

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: SHANNON EXASTRIS

CAUSE OF DEATH:

A: SEPSIS

INTERVAL: DAYS

B: URINARY TRACT INFECTION

INTERVAL: DAYS

C: DECUBITUS ULCER

INTERVAL: WEEKS

D: PROTEIN CALORIE MALNUTRITION

INTERVAL: WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
CORONARY ARTERY DISEASE.

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: SHILPA JOG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 3901 HOYT AVENUE

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

DATE SIGNED: FEBRUARY 04, 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: JUDY WERST

DATE RECEIVED: FEBRUARY 07, 2023

Affidavit for Correction

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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Required information must match current information on record

Required	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:

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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

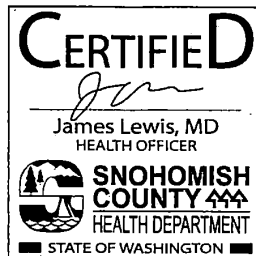
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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