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05/12/2023 12:27 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY *Dena Thompson*
DATE *5.12.23*

DOCUMENT TITLE: WASHINGTON STATE
CERTIFICATE OF DEATH

REFERENCE NUMBER: SKAGIT COUNTY CAUSE NO. 21-4-00392-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: THOMAS SIMONSETH (Deceased)

ASSESSOR'S PARCEL NUMBERS: P24761 (340414-4-003-0009)
P101353 (340414-4-003-0207)

LEGAL DESCRIPTION: The West 1/2 of the Northwest 1/4 of the
Southeast 1/4 of Section 14, Township 34
North, Range 4 East, W.M., EXCEPT those
portions conveyed to Skagit County by Deeds
recorded October 22, 1921 and July 30, 1968, in
Volume 123 of Deeds, page 219 and Auditor's
File No. 716458, respectively.

Including Mobile Home 5399 Four Seasons 76
68x28.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-037076

DATE ISSUED: 08/04/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS ALLEN
LAST NAME(S): SIMONSETH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 29, 2021 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROSE JOHNSON

OCCUPATION: MATH TEACHER
INDUSTRY: HIGH SCHOOL EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: ROSE SIMONSETH
RELATIONSHIP: WIFE
ADDRESS: 22508 GUNDERSON ROAD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: MULTIPLE BLUNT FORCE TRAUMA INJURIES
INTERVAL: MINUTES
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: US NORTH CASCADE NATIONAL FOREST

LOCATION OF INJURY: HIDDEN LAKE TRAIL AREA

CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: FALL WHILE HIKING

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: HIDDEN LAKE TRAIL AREA
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

RESIDENCE STREET: 22508 GUNDERSON ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: NORMAN SIMONSETH
MOTHER: IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 03, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 03, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 210729-636
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: AUGUST 03, 2021



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

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
• 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
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.



CERTIFIED

AUG 04 2021

Handwritten signature

Skagit County Health Department
Howard Librand M.D., Health Officer



0 4 5 0 0 8 3 9

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