

202306160166

06/16/2023 02:36 PM Pages: 1 of 3 Fees: \$41.00
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 Kaylee Oudman
DATE 06/16/2023

209303-LT,

**DOCUMENT TITLE(S):
CERTIFICATE OF DEATH**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
State of Washington

GRANTEE:
Timothy James Fairbarns

ABBREVIATED LEGAL DESCRIPTION:
Lot 8, Skyline No. 2

TAX PARCEL NUMBER(S):
3818-000-008-0008/P59053

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-065441

DATE ISSUED: 01/03/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): TIMOTHY JAMES
LAST NAME(S): FAIRBARNES

22-4-00521-29

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 16, 2021
HOUR OF DEATH: 04:15 PM
SEX: MALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MIRA VISTA REHABILITATION AND CARE CENTER
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 5610 KINGSWAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

BIRTH DATE:
BIRTHPLACE: LONDON UNITED KINGDOM

FATHER: ARTHUR HUGH DENISON
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SARAH ELEANOR GILLESPIE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: INVESTING
INDUSTRY: FINANCIAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: DECEMBER 23, 2021

INFORMANT: SARAH FAIRBARNES
RELATIONSHIP: WIFE
ADDRESS: 5610 KINGSWAY, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A: GANGRENE OF RIGHT FOOT
INTERVAL: WEEKS
B: PERIPHERAL VASCULAR DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
HYPERTENSION, DIABETES MELLITUS TYPE 2, CHRONIC ATRIAL FIBRILLATION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: MARY RAMSBOTTOM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 EAST KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 21, 2021

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: DECEMBER 22, 2021

E-FILED
Skagit County Clerk
Skagit County, WA
10/13/2022



Affidavit for Correction

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 Marriage Statistics
 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record		2. Date of Event:		3. Place of Event:
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: <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:				
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 foregoing 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.

Death Certificates

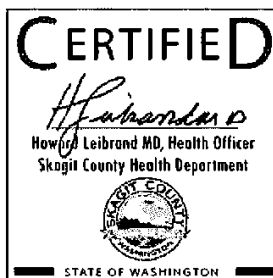
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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