



202307210042

07/21/2023 11:59 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20237394
JUL 21 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By *[Signature]* Deputy

COVER SHEET

Document Title: State of Washington Certificate of death

Reference Number: _____

Grantor(s): _____ () additional grantor names on page _____

1. State of Washington
2. _____

Grantee(s): _____ () additional grantee names on page _____

1. Thomas Michael Doyle
2. _____

Abbreviated legal description: _____ () full legal on page _____

LT 210 Cascade River Park

Parcel/Tax ID Number: _____ () additional tax parcel number(s) on page _____

P103709

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

5567



146

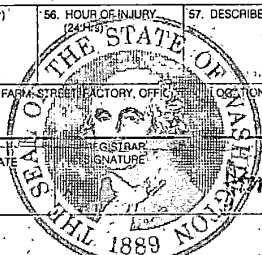
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First: THOMAS Middle: MICHAEL Last: DOYLE			2. SEX (M / F) MALE		3. DEATH DATE (Mo, Day, Yr) JUNE 10, 1996			
4. AGE LAST BIRTHDAY (Yrs) 49		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) RICHLAND, WA		
11. CITY, TOWN OR LOCATION OF DEATH SEATTLE			12. PLACE OF DEATH—(R) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM/PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE VA PUGET SOUND HEALTH CARE, SYSTEMS			13. SMOKING IN LAST 15 YEARS? (Yes / No) no		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (if wife, give maiden name) ANN K. MURPHY		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Military			19. KIND OF BUSINESS OR INDUSTRY Retired		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify—Yes or No; If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO		21. RACE (Specify) WHITE	
22. RESIDENCE—NUMBER AND STREET 5675 HWY 20		23. CITY/TOWN OR LOCATION MARBLEMOUNT		24. INSIDE CITY LIMITS? (Yes/No) YES		25A. COUNTY SKAGIT		
25B. LENGTH OF RES. IN CO. 12 YRS		25. STATE WA		27. ZIP CODE 98267				
28. FATHER'S NAME—FIRST, MIDDLE, LAST THOMAS BURKE DOYLE				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME JUNE				
30. INFORMANT—NAME Anne Doyle			31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 143, Marblemont, Washington 98267					
32. BURIAL, CREMATION, REINTERMENT (Specify) Cremation		33. DATE (Mo, Day, Yr) 6-12-1996		34. CEMETERY/CREMATORY—NAME Cascade Crematory		35. LOCATION—CITY/TOWN, STATE Issaquah, WA		
36. FUNERAL DIRECTOR SIGNATURE <i>Don O. Peterson</i>			37. NAME OF FACILITY Columbia Funeral Home		38. ADDRESS OF FACILITY 567 Rainier Ave So, Seattle, WA 98118			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Rochelle Garcia</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Rochelle Garcia</i>				
40. DATE SIGNED (Mo., Day, Yr) 6/12/96		41. HOUR OF DEATH (24 Hrs.) 1345		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ERIK R. SWENSON, M.D.				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) ROCHELLE L. GARCIA, M.D. VA PUGET SOUND HEALTH CARE SYSTEMS, SEATTLE WA				49. MEDICORONER FILE NUMBER				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. LIVER FAILURE DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH DAYS		
		B. CIRRHOSIS DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH MONTH		
		C. ALCOHOL ABUSE DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH YEARS		
		D.				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:					52. AUTOPSY? (Yes / No) YES		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:		
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. TOWN—STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>Rochelle Garcia</i>				63. DATE RECEIVED (Mo., Day, Yr.) JUN 13 1996		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK



DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (8/95)

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		1. STATE FILE NUMBER		for
Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
2. NAME		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		15.		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.	8.			
9.	10.			
11.	12.			
13.	14.			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 8/95)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

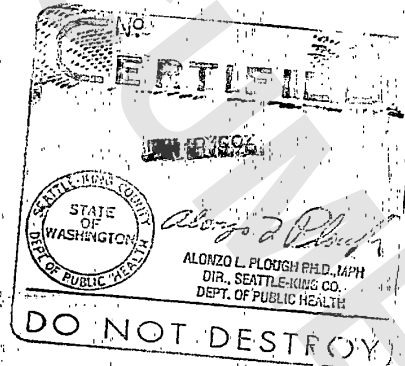
Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document. Complete in ink and do not alter.



DD267945