



**202309180076**

09/18/2023 03:28 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

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DOCUMENT TITLE(S):

STATE OF WASHINGTON  
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JAMES ROBERT HENDERSON (Deceased)

ASSESSOR'S PARCEL NUMBER:

P65995 (3926-006-034-0002)

LEGAL DESCRIPTION:

Lots 34, 43 and 44, Block 6, "Holiday  
Hideaway No. 1" as per plat recorded in  
Volume 8 of Plats, pages 36 through 42,  
records of Skagit County, Washinton.

Situate in Skagit County, Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-034748

DATE ISSUED: 08/04/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES ROBERT  
LAST NAME(S): HENDERSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 18, 2023  
HOUR OF DEATH: 03:25 AM  
SEX: MALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 7479 HOLIDAY BOULEVARD  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ARDEN, WA

FATHER: JAMES THOMAS HENDERSON  
MOTHER: LENA LUESE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SYLVIA ANN WESTERLUND

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: CITY PLANNER  
INDUSTRY: CITY OF LYNNWOOD  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JULY 19, 2023

INFORMANT: SYLVIA HENDERSON  
RELATIONSHIP: WIFE  
ADDRESS: 7479 HOLIDAY BOULEVARD, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

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

CAUSE OF DEATH:

- A: RESPIRATORY FAILURE DUE TO RECURRENT RIGHT PLEURAL EFFUSION AND TRAPPED LUNG  
INTERVAL: DAYS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC ATRIAL  
FIBRILLATION, FAILURE TO THRIVE

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: DOUGLAS HAYES, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 18, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: MALIK FUIMAONO, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 19, 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

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 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: _____ P.O. Box / 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 <sup>nd</sup> parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

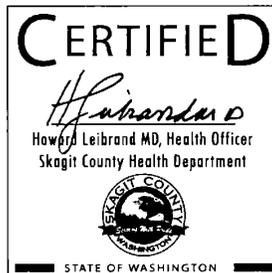
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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