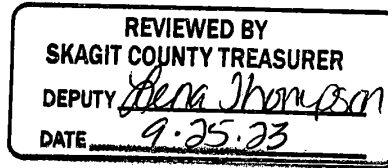




202309250056

09/25/2023 03:32 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



DOCUMENT TITLE:

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 23-4-00286-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

LLOYD MICHEL PARKER (DECEASED)

ASSESSOR'S PARCEL NUMBER:

P74521 (4130-001-004-0009)

LEGAL DESCRIPTION:

Lot 3 and 4, Block D, "Town of Lyman",
according to the plat thereof recorded in
Volume 1 of Plats, page 34, records of Skagit
County, Washington.

Including Manufactured Home 2000
Fleetwood Lakepointe 48x27 Serial Number
0RFLX4826703LP13 Model Number
VVS4483G.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-019647

DATE ISSUED: 05/02/2023
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): LLOYD M
LAST NAME(S): PARKERCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: APRIL 13, 2023
HOUR OF DEATH: 10:02 AM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, WAMARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: TIMBERFALLER
INDUSTRY: FORESTRY
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YESINFORMANT: BOBBY PARKER
RELATIONSHIP: SON
ADDRESS: PO BOX 615 BURLINGTON WA 98233CAUSE OF DEATH:
A: RIGHT FRONTAL LOBE INFARCT
INTERVAL: 7 DAYS
B: RIGHT SIDED HIP FRACTURE
INTERVAL: 9 DAYS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ENTEROCOCCAL SEPSIS,
HYPERTENSIONDATE OF INJURY: APRIL 04, 2023 PRESUMED
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENTS HOME

LOCATION OF INJURY: 31435 WEST 2ND STREET

CITY, STATE, ZIP: LYMAN, WASHINGTON 98263
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: WHATCOM HOSPICE HOUSE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 31435 W 2ND ST
CITY, STATE, ZIP: LYMAN, WA 98263-0060
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARSFATHER: JAMES RALPH PARKER
MOTHER: NANCY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: APRIL 24, 2023

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONERMANNER OF DEATH: ACCIDENT
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 RESPONSECERTIFIER NAME: ALLISON HUNT, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1500 NORTH STATE STREET #200
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: APRIL 17, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 230417-622
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN
DATE RECEIVED: APRIL 21, 2023

Affidavit for Correction

Mail to: Center for Health 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
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Required	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 <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 foregoing 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

- 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.
 - 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.
 - Proof documentation must be five or more years old or established within five years of birth.
 - 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.

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



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