202310120020
10/12/2023 09:55 AM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor, WA

When recorded return to:
Rebecca Sue Killorin
Rebecca Sue Killorin and Stacy Brooke
Douglas,Co-Trustees of the Killorin Family Trust
dated December 10, 1998
400 Gilkey Rd 114
Burlington, WA 98233

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/12/2023

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620055123

CHICAGO TITLE
620055123

DOCUMENT TITLE(S)

Death Cert

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

☐ Additional names on page _____ of document

GRANTEE(S)

Bernard H. Killorin, deceased

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot 69, MADDOX CREEK P.U.D., PHASE 1, according to the plat thereof recorded in Volume 16 of Plats, pages 121 through 130, inclusive, records of Skagit County, Washington.

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P109363 / 4681-000-069-0000

202310120020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-022895

DATE ISSUED: 10/10/2014

FEE NUMBER: 0000000029

GIVEN NAMES: BERNARD H
LAST NAME: KILLORIN

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 25,2014 FOUND
HOUR OF DEATH: 04:31 P.M. FOUND
SEX: MALE
AGE: [redacted]
SOCIAL SECURITY NUMB[redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE [redacted]
BIRTHPLACE: DULUTH, ST. LOUIS CNTY, MINNESOTA

MARITAL STATUS: MARRIED
SPOUSE: REBECCA OGILVIE

OCCUPATION: INSURANCE SALESPERSON
INDUSTRY: SELF EMPLOYED
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: REBECCA KILLORIN
RELATIONSHIP: WIFE
ADDRESS: 214 LINDSEV LOOP, MOUNT VERNON, WA, 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2014 LINDSAV LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 2014 LINDSAV LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982746138
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: BERNARD H KILLORIN SR
MOTHER: MARY [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: OCTOBER 10,2014

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: CHRIS GARNETT

CAUSE OF DEATH:
A. UNSPECIFIED NATURAL CAUSES
INTERVAL: YEARS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: MATTHEW F. SIAS
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: OCTOBER 09,2014

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 164-14
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: OCTOBER 10,2014

DOH 01-003 (1/14)

Health

Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on Record:	2. Date of Event:	3. Place of Event:

4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows:

The record now shows:	**The true fact is:**
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other (Specify)** Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
Printed Name:		

All [illegible] received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:	Birth Record Certificate of Naturalization Military Record (DD-214) Passport	Numident Report (Social Security Administration) Marriage/Divorce Record Life Insurance Policy Hospital /Medical Record	School Transcripts (Official) Alien Registration (front and back)

Birth Certificates

1. [illegible] legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. [illegible] 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 [illegible] Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. [illegible]

- Only [illegible] can change the birth certificate.
- Guardian [illegible] court order giving them authority to act on [illegible].
- [illegible] the child can be changed once, to the [illegible] father/parent full birth name (if present on the certificate) [illegible] of the two. After age one a court ordered legal name [illegible].
- [illegible] first or middle name by completing this affidavit [illegible] needed.
- [illegible] one documentary proof is required. Proof must [illegible] old or have been established within five years of birth.

Adult (18 years or older)

- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be **used to add a father to a birth certificate. (Use the paternity acknowledgment form: DOH 422-032)**

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. [illegible] required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or [illegible] parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant [illegible] the change.
2. [illegible] (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage [illegible] **Certificates**

1. [illegible] changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. [illegible] of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

OCT 10 2014

Skagit County Health Department