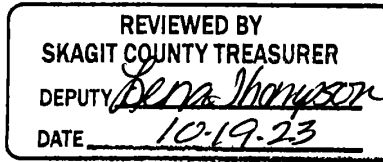




**202310190061**

10/19/2023 03:14 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:

WASHINGTON STATE  
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 23-4-00320-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

CHERI LYNN HARRISON (Deceased)

ASSESSOR'S PARCEL NUMBER:

P70762 (4058-003-009-0008)

LEGAL DESCRIPTION:

Lot 6, 7, 8 and 9, Block 3, "CROFOOT'S FIRST  
ADDITION TO THE TOWN OF CONCRETE,"  
as per plat recorded in Volume 3 of Plats, page  
88, records of Skagit County, Washington.

Situate in the Town of Concrete, County of  
Skagit, State of Washington.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-015293

DATE ISSUED: 03/31/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHERI LYNN  
LAST NAME(S): HARRISON

COUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 22, 2023  
HOUR OF DEATH: 05:30 PM  
SEX: FEMALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BURLINGTON, WA

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CASHIER  
INDUSTRY: GROCERY STORE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: MICHELLE STANEK  
RELATIONSHIP: DAUGHTER  
ADDRESS: 864 SOUTHVIEW DRIVE, BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: EPIDURAL ABSCESS LIKELY DUE TO STAPHYLOCOCCUS AUREUS  
INTERVAL: DAYS TO WEEKS  
B: DISSEMINATED STAPHYLOCOCCAL INFECTION  
INTERVAL: DAYS TO WEEKS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RESPIRATORY FAILURE  
SECONDARY TO CERVICAL EPIDURAL ABSCESS CAUSING COMPLETE SPINAL  
CORD INJURY AND MEDULLARY INFARCTION

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 45980 BENJAMIN STREET  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 60 YEARS

FATHER: FLOYD WESLEY GARDNER  
MOTHER: MARY GLADORA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAMILTON CEMETERY

CITY, STATE: HAMILTON, WASHINGTON  
DISPOSITION DATE: APRIL 07, 2023

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: TIM D. POWELL

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

CERTIFIER NAME: JAMES A. TOWN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: HMC 325 9TH AVE  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104  
DATE SIGNED: MARCH 24, 2023

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NONE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN  
DATE RECEIVED: MARCH 29, 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

Required	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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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

- 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.
- \*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

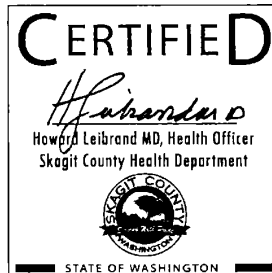
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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