

**When Recorded-Return To:**  
**Skagit Law Group, PLLC**  
**P. O. Box 336**  
**Mount Vernon, WA 98273**

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/27/2023

**DOCUMENT TITLE(s):** *(or transactions contained therein)*

**DEATH CERTIFICATE**

**GRANTOR(s):** *(last name, first name and initials)*

**DYKSTRA, HENRY**

*Additional names on page \_\_\_\_\_ of document*

**GRANTEE(s):** *(Last name, first name and initials)*

**WASHINGTON STATE**

*Additional names on page \_\_\_\_\_ of document*

**ABBREVIATED LEGAL DESCRIPTION:** (i.e., lot, block, plat or quarter, quarter, section, township and range):

Ptn SE 2/4 of Section 32, Township 35 North, Range 3 East, W.M., & Unit 7, Building C, Maplecrest Condominium No. 1

*Additional legal on page \_\_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:**

350332-4-012-0014 / P35287 and 4381-000-007-0004 / P80909

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

*Additional reference numbers on page \_\_\_\_\_ of document*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-063212

DATE ISSUED: 11/01/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HENRY  
LAST NAME(S): DYKSTRA

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 29, 2023  
HOUR OF DEATH: 09:41 PM PRESUMED  
SEX: MALE AGE: 79 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

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

RESIDENCE STREET: 12542 GWEN DRIVE 7  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: WINSUM NETHERLANDS

FATHER: KORNELIUS DOUWE DYKSTRA  
MOTHER: JEANETTE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CHARLOTTE RAE MILLER

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: UNION CEMETERY

OCCUPATION: DAIRY FARMER  
INDUSTRY: AGRICULTURE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: SEDRO WOOLLEY, WASHINGTON  
DISPOSITION DATE: NOVEMBER 20, 2023

INFORMANT: CHARLOTTE DYKSTRA  
RELATIONSHIP: WIFE  
ADDRESS: 12542 GWEN DRIVE, #7, BURLINGTON, WA 98233

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:  
A: RESPIRATORY FAILURE  
INTERVAL: 30 MIN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: CYRUS H. HASELMAN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: OCTOBER 31, 2023

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS  
DATE RECEIVED: NOVEMBER 01, 2023



Affidavit for Correction 11/27/2023 04:10:39 PM Center for Health Statistics

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

P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300

STATE OFFICE USE ONLY
State File Number Fee Number Initials Date Affidavit Number

Required information must match current information on record
Record Type: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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 2nd parent (if required):
Printed name: Date: Printed name: 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.

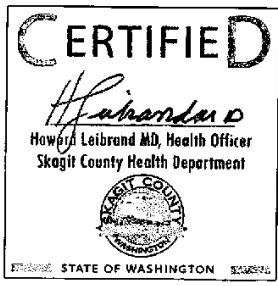
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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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