

202311300084

11/30/2023 03:19 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor, WA

**WHEN RECORDED RETURN TO:**

**Philip S. Evans**  
3899 Isaacson Road  
Bellingham, WA 98226

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/30/2023

**209397-LT, Land Title and Escrow**

**DOCUMENT TITLE(S):**  
**CERTIFICATE OF DEATH**

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

**GRANTOR:**  
State of Washington

**GRANTEE:**  
Jackson Dean Evans

**ABBREVIATED LEGAL DESCRIPTION:**  
ptn NW NW, 9-34-2 E W.M.

**TAX PARCEL NUMBER(S):**  
340209-2-006-0009/P20237

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-001825

DATE ISSUED: 02/22/2012

FEE NUMBER: 0000000029

GIVEN NAMES: JACKSON DEAN  
LAST NAME: EVANS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 19, 2012  
HOUR OF DEATH: 05:30 P.M.  
SEX: MALE  
AGE: 89 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 13044 SATTERLEE ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 13044 SATTERLEE ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER: FRED LINVIL EVANS  
MOTHER: GRACE

BIRTHDATE:  
BIRTHPLACE: COLUMBIA CITY, INDIANA

MARITAL STATUS: MARRIED  
SPOUSE: BETTY JOAN WALLACE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: FEBRUARY 21, 2012

OCCUPATION: CHEMIST  
INDUSTRY: OIL INDUSTRY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? YES

FUNERAL FACILITY: EVANS FUNERAL CHAPEL  
ADDRESS: 1105 - 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

INFORMANT: BETTY J. EVANS  
RELATIONSHIP: WIFE  
ADDRESS: 13044 SATTERLEE ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:  
A. UNSPECIFIED NATURAL CAUSES  
INTERVAL: ONE WEEK

- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CONGESTIVE HEART FAILURE, END STAGE KIDNEY DISEASE, ABDOMINAL LYMPHADENOPATHY POSSIBLE LYMPHOMA

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: OLIVER L. STALSBRÖTEN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2511 W AVE STE B  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: FEBRUARY 21, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA # 115  
ATTENDING PHYSICIAN:  
OLIVER STALSBRÖTEN MD

ITEM(S) AMENDED: DEATH HR

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: FEBRUARY 21, 2012

NUMBER(S): 2012061046  
DATE(S): 02/22/2012



## 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

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Use the section below for requesting any changes on the record.</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant				Telephone Number:
				<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)
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:	
<p>All vital records are registered as received.  <b>All changes must be established by documentary proof submitted with the affidavit</b>            Examples of documentary proof:    Certificate of Naturalization    Medical Record    School Transcripts               Hospital Records                      Military Record (DD-214)    Voter's Registration Card (if it bears an effective date)               Insurance Records                      Birth Record                      Alien Registration Card (front and back)               Marriage/Divorce Records              Passport                              We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</p>				
<b>Birth Certificates:</b> 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. The proof(s) 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 to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe. 3. Proof must be five (or more) years old or have been established within five years of birth. 4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. 5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). 6. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b>				
<b>Death Certificates:</b> 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
<b>Marriage/Dissolution (Divorce) Certificates:</b> 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023a 2/14/11

# \*CERTIFIED\*

FEB 22 2012

*Howard Leibrand*  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer

VV00261614