



202402230028

02/23/2024 10:47 AM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

Filed for Record at the Request of:  
**BETTS AUSTIN JOHNSON, P.L.L.C.**  
2200 Rimland Drive, Suite 230  
Bellingham, WA 98226

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20249660  
FEB 23 2024

Amount Paid \$  
Skagit Co. Treasurer  
By *ko* Deputy

COVER SHEET

Document Title(s): Death Certificate

Reference No. of Documents Released/Assigned: 202307030057

Grantor: State of Washington

Grantee: Robert E. Morrison, deceased

Abbreviated Legal: E1/2 SW1/4 SW1/4, SECT20, TWN 36N, R4E, W.M.,  
EXC N 300 FT (SURVEY AF#9906020021 VOL 22 PG 6)

Legal Description: The East half of the Southwest Quarter of the Southwest Quarter of Section 20, Township 36 North, Range 4 E.W.M., EXCEPT the North 300 Feet thereof,

The East one-half of the North 40 Feet of that portion of the Northwest Quarter of the Northwest Quarter lying West of the Old Samish Road in Section 29, Township 36 North, Range 4 E.W.M.

All that part of the Southeast Quarter of the Southwest Quarter, Section 20, Township 36 North, Range 4 E.W.M., lying Westerly of the Old Samish Road, EXCEPT the North 300 Feet thereof.

Situate in County of Skagit, State of Washington.

Assessor's Tax Parcel ID #: 360420-3-009-0005 / P49621

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-054230

DATE ISSUED: 11/08/2023  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROBERT EDWARD  
LAST NAME(S): MORRISON

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: OCTOBER 28, 2023  
HOUR OF DEATH: 10:33 AM  
SEX: MALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

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

RESIDENCE STREET: 3972 FRIDAY CREEK ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WA

FATHER: ROBERT MORRISON  
MOTHER: RUTH [REDACTED]

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: SALESMAN  
INDUSTRY: RETAIL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 10, 2023

INFORMANT: SPENCER WORKMAN  
RELATIONSHIP: NEPHEW  
ADDRESS: 5621 159TH AVE CT E SUMNER, WA 98390

FUNERAL FACILITY: WESTFORD FUNERAL HOME INC  
ADDRESS: 1301 BROADWAY  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: ALEXANDRA C. TIPPERY

CAUSE OF DEATH:  
A: CONGESTION HEART FAILURE  
INTERVAL: DAYS  
B: ISCHEMIC CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: GASTROINTESTINAL BLEED,  
HEMORRHAGIC SHOCK, ACUTE TUBULAR NECROSIS, PROTEIN CALORIE  
MALNUTRITION

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

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

CERTIFIER NAME: JOHN HOLROYD, MD.  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
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: DEBBIE L. HOLDEN  
DATE RECEIVED: NOVEMBER 07, 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**

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) 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  Self  Guardian  Informant  Hospital  
 Person on Record:  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 forgoing is true and correct.**

14a. Signature: Printed name: Date:  
 14b. Signature of 2<sup>nd</sup> parent (if required): Printed name: 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**

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.

**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**

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**

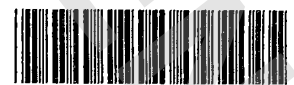
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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.

*[Signature]*

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



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