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05/08/2024 03:22 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 0545
MAY 08 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By *LT* Deputy

Document Title:

Death Certificate

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Allan Herbert Armstrong

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LT 28, PLAT OF BRICKYARD CREEK DIV

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P102101

STATE OF WASHINGTON
DEPARTMENT OF HEALTH691-02
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME (First, Middle, Last) ALLAN HERBERT ARMSTRONG		2. SEX (M/F) Male	3. DEATH DATE (Mo, Day, Yr) September 29, 2002
4. AGE LAST BIRTHDAY (Yrs) 76	5. UNDER 1 YEAR MOS DAYS HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Fortuna, CA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RMOUT PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE Skagit Valley Hospital	
13. SMOKING IN LAST 15 YEARS? (Yes/No) No		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married	
15. SURVIVING SPOUSE (If wife, give maiden name) Mary Jo Pressley		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator	
19. KIND OF BUSINESS OR INDUSTRY Appliance Store		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
21. RACE (Specify) Caucasian		22. RESIDENCE — NUMBER AND STREET 700 Brickyard Blvd.	
23. CITY/TOWN OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit
25B. LENGTH OF RES. IN CO. 60 yr		26. STATE WA	27. ZIP CODE 98284
28. FATHER'S NAME — FIRST, MIDDLE, LAST Herbert Armstrong		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME [REDACTED]	
30. INFORMANT — NAME Jo Armstrong		31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 700 Brickyard Blvd. Sedro-Woolley, WA 98284	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Oct 1, 2002	
34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Lemley Chapel	
38. ADDRESS OF FACILITY 1008 3rd St Sedro-Woolley, WA 98284		39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]	
40. DATE SIGNED (Mo, Day, Yr) September 30, 2002		41. HOUR OF DEATH (24 Hrs.) 0350 hrs	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stevan Luther, MD		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]	
44. DATE SIGNED (Mo, Day, Yr) September 30, 2002		45. HOUR OF DEATH (24 Hrs.) 0350 hrs	
46. PRONOUNCED DEAD (Mo., Day, Yr) September 30, 2002		47. HOUR PRONOUNCED DEAD (24 Hrs.) 0350 hrs	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stevan Luther, MD 830 Ball St. Sedro-Woolley, WA 98284		49. ME/CORONER FILE NUMBER [REDACTED]	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
A. IMMEDIATE CAUSE (Final disease or condition resulting in death) Malignant Melanoma, Metastatic		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
B. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Atrial Fibrillation Osteoarthritis		52. AUTOPSY? (Yes/No) No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No		54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	
55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)	
57. DESCRIBE HOW INJURY OCCURRED:		58. INJURY AT WORK? (Yes/No)	
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE [Signature]	
63. DATE RECEIVED (Mo., Day, Yr) SEP 30 2002		64. DATE RECEIVED (Mo., Day, Yr)	



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER for		
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY		15.		
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE		18. ADDRESS

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.
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 fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

CERTIFIED

SEP 30 2002

Skagit County Health Department
 Howard Leibrand M.D., Health Officer
 JJ00448399