

**When recorded return to:**Karla VanPay  
c/o Fidelity National Title  
5006 Center St # J  
Tacoma, WA 98409REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 05/29/2024

Filed for record at the request of:

5006 Center Street, Suite J  
Tacoma, WA 98409-2314

Escrow No.: 611339656

**DOCUMENT TITLE(S)**

Certificate of Death

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

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

**GRANTOR(S)**

State of Washington Department of Health

☐ Additional names on page \_\_\_\_\_ of document☐ Additional names on page \_\_\_\_\_ of document**GRANTEE(S)**

Peck, Herbert Marcus

☐ Additional names on page \_\_\_\_\_ of document☐ Additional names on page \_\_\_\_\_ of document**ABBREVIATED LEGAL DESCRIPTION**

Tax/Map ID(s): T 1, PLAT OF SHANNON HEIGHTS TO ANACORTES, WASHINGTON

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P58905 / 3815-000-001-0008

Additional Tax Accounts are on page \_\_\_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-013118

DATE ISSUED: 03/19/2024  
FEE NUMBER:FIRST AND MIDDLE NAME(S): HERBERT MARCUS  
LAST NAME(S): PECKCOUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 14, 2024  
HOUR OF DEATH: 10:20 AM  
SEX: MALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SWEET GRASS, MTMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: INSPECTOR  
INDUSTRY: REFINERY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: KARLA VANPAY  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1847 SW 114TH ST. SEATTLE, WA, 98146CAUSE OF DEATH:  
A: MANTLE CELL LYMPHOMA OF HEAD AND NECK AND TONGUE  
INTERVAL: 4 MONTHSB:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMONIA

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: 23511 MARINEVIEW DR. S  
CITY, STATE, ZIP: DES MOINES, WASHINGTON 98198RESIDENCE STREET: 1802 37TH ST  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 63 YEARSFATHER: HERBERT HAINES PECK  
MOTHER: JESSIE ELIZABETH [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRAND VIEW CEMETERYCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MARCH 29, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

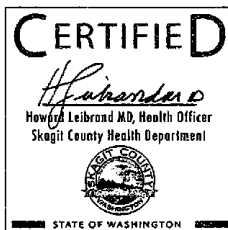
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: MARILYN E. PATTISON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2901 BRIDGEPORT WAY WEST  
CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466  
DATE SIGNED: MARCH 15, 2024CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: GRACIE TANGALAN  
DATE RECEIVED: MARCH 19, 2024

DOH422-1325KAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
State File Number		Fee Number		Affidavit Number	
Initials		Date			
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/Initial		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initial		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
	7. Return Mailing Address: PO Box or Street Address 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: Printed name: Date:			14b. Signature of 2nd parent (if required): Printed name: Date:		
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information					
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: <ul style="list-style-type: none"><li>• Birth/Marriage/Divorce record</li><li>• Military record (DD-214)</li><li>• School transcripts</li><li>• Social Security Numident Report</li><li>• Certificate of Naturalization</li><li>• Hospital/medical record</li><li>• Copy of Passport / Enhanced ID</li><li>• Green/Permanent Resident card (I-551)</li></ul> You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.					
<b>Birth Certificates</b> <ul style="list-style-type: none"><li>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.</li><li>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.</li><li>3. Proof documentation must be five or more years old or established within five years of birth.</li><li>4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).</li></ul> <b>Child under 18</b> <ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship.</li><li>• 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.</li><li>• No proof is required to change the first or middle name.</li><li>• To correct parent's information, one proof documentation is required.</li><li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li><li>• 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.</li></ul> <b>Adult (18 years or older)</b> <ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate.</li><li>• If the first or middle name is missing, three pieces of proof documentation are required.</li><li>• 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.</li><li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li></ul>					
<b>Death Certificates</b> <ul style="list-style-type: none"><li>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.</li><li>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li></ul>					
<b>Marriage/Dissolution (Divorce) Certificates</b> <ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>					

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



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