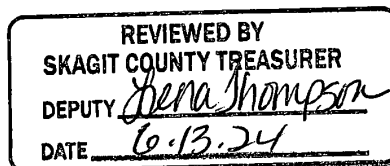




202406130067

06/13/2024 03:48 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587



DOCUMENT TITLE(S): WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER(S): CAUSE NO. 24-4-00242-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: LEE WILMER WILKINSON (Deceased)
(aka LEO WILMER WILKINSON)

ASSESSOR'S TAX NUMBER: P62100 (3863-000-082-0001)

LEGAL DESCRIPTION:

Portion of Lot 81 and 82, BIG LAKE WATER FRONT TRACTS.

Including Manufactured Home 2005 Goldenwest Magnolia Elite Series 68x28
VIN#G00R23N29132.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-016027

DATE ISSUED: 04/04/2024
FEE NUMBER:FIRST AND MIDDLE NAME(S): LEO WILMER
LAST NAME(S): WILKINSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 26, 2024
HOUR OF DEATH: 05:30 AM
SEX: MALE
AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: FEBRUARY 26, 1943
BIRTHPLACE: PORT ORCHARD, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: PATRICIA STOWELLOCCUPATION: OWNER
INDUSTRY: MANUFACTURING - NOT SPECIFIED
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: GARRETT DRESSOR
RELATIONSHIP: GRANDSON
ADDRESS: 6457 STATE ROUTE 9, SEDRO WOOLLEY, WA, 98284CAUSE OF DEATH:
A: ACUTE ON CHRONIC RESPIRATORY FAILURE
INTERVAL: 1 WEEKS
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 10 YEARS
C: ATRIAL FIBRILLATION
INTERVAL: 5 YEARS
D: CONGESTIVE HEART FAILURE
INTERVAL: 5 YEARSOTHER CONDITIONS CONTRIBUTING TO DEATH: RECENTLY HAD SURGERY AND
HAD A RIGHT NEW OPEN LATERAL RECTILINEARDATE 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: 2120 E DIVISION STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 24105 SANDSTONE LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARSFATHER: LEO WILKINSON
MOTHER: LORRAINE LUELLA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 04, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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: NOT APPLICABLECERTIFIER NAME: RHONDA JOHANNSEN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 2219 RIMLAND DR. STE. 301
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: MARCH 26, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 03, 2024



Affidavit for Correction

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

Mail to: 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
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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:		2. Date of Event:	3. Place of Event:		
	First	Middle	Last	MM/DD/YYYY	(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)			
	First	Middle	Last/Maiden	First	Middle	Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____						

7. Return Mailing Address:		City	State	Zip
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:		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

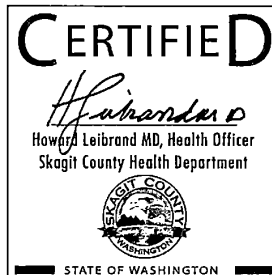
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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 of 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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