

202406280078

06/28/2024 03:12 PM Pages: 1 of 3 Fees: \$20.00

Skagit County Auditor, WA

**WHEN RECORDED RETURN TO:**  
Guardian Northwest Title & Escrow  
1301 B Riverside Drive  
Mount Vernon WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 06/28/2024

**DOCUMENT TITLE(S):**

Certificate of Death -Glenn Willard Bordner

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

24-20697-KH

:

Theda I. Bordner, Trustee of Bordner Family Trust dated October 16, 2007

:

Brian P. Anderson and Mackenzie P. Anderson

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 77, THUNDERBIRD

**TAX PARCEL NUMBER(S):**

P54550/3762-000-077-0000

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-014118

DATE ISSUED: 03/25/2024  
FEE NUMBER: 310324FIRST AND MIDDLE NAME(S): GLENN WILLARD  
LAST NAME(S): BORDNERCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 20, 2024  
HOUR OF DEATH: 01:41 PM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: THEDA IONE CHAPMANOCCUPATION: JOURNEYMAN ELECTRICIAN  
INDUSTRY: COMMERCIAL CONSTRUCTION  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YESINFORMANT: THEDA IONE BORDNER  
RELATIONSHIP: WIFE  
ADDRESS: 2910 IROQUOIS DRIVE, MOUNT VERNON, WA 98273CAUSE OF DEATH:  
A: ASPIRATION PNEUMONIA  
INTERVAL: 3 DAYS  
B: DEMENTIA  
INTERVAL: 4 YEARS  
C: DIABETES  
INTERVAL: 13 YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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:  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98332RESIDENCE STREET: 2910 IROQUOIS DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 31 YEARSFATHER: DONALD WILLIAM BORDNER  
MOTHER: ESTHERMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: MARCH 27, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: LORI B. BANESMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: THOMAS P. CARR, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 307 S. 13TH. STREET #200  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: MARCH 21, 2024CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: MARCH 25, 2024

 <b>Affidavit for Correction</b>		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300			
DOH 422-034 August 2019 <b>This is a legal document. Complete in ink and do not alter.</b>					
<b>STATE OFFICE USE ONLY</b>					
State File Number		Fee Number	Initials		
		Date	Affidavit Number		
Required information must match current information on record					
<b>Required</b>	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/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 <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: 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 foregoing is true and correct.					
14a. Signature:		14b. Signature of 2nd parent (if required):			
Printed name:		Printed name:			
Date:		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>					
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).					
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <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> </ul> </td> <td style="vertical-align: top; width: 50%;"> <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> </td> </tr> </table> *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.				<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> </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>
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<b>Death Certificates</b>					
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.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
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.					

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

