



202408210046

08/21/2024 02:08 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20241849
AUG 21 2024

Amount Paid \$0
Skagit Co. Treasurer
By *[Signature]* Deputy

Document Title: Death Certificate

Reference Number: 202306050027

Grantor(s): ☐ additional grantor names on page ____

1. State of Washington
- 2.

Grantee(s): ☐ additional grantee names on page ____

1. Dennis C. Spore
- 2.

Abbreviated legal description: ☐ full legal on page(s) ____

The N 1/2 of the N 1/2 of the NW 1/4 of Section 12,
TOWNSHIP 36 N, Range 3, East of W. M

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page ____

P 47795

P 112889

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-038560

DATE ISSUED: 08/12/2024

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): DENNIS C

LAST NAME(S): SPORE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: [REDACTED]

HOUR OF DEATH: 04:12 AM

SEX: MALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 20, 1954

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: SINGLE, NEVER MARRIED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BOAT BUILDER

INDUSTRY: MARINE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: TAMMY GUNDERSON

RELATIONSHIP: EXECUTOR

ADDRESS: 1889 COALBUNKER RD SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: COMPLICATIONS OF CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B: LONG-TERM TOBACCO USE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNCONTROLLED DIABETES
MELLITUS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1120 SHAW RD

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229

RESIDENCE STREET: 1120 SHAW RD

CITY, STATE, ZIP: BELLINGHAM, WA 98229

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: JACK A SPORE

MOTHER: HILDA E [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

CITY, STATE: BELLINGHAM, WASHINGTON

DISPOSITION DATE: AUGUST 11, 2024

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: JAKE WAGGONER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CAITLYN J. BORTHWICK, INVESTIGATOR

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 07, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: AUGUST 09, 2024

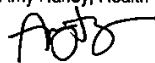
Affidavit for Correction

08/21/2024 02:08 PM
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	Initials	Date	Affidavit Number
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 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:		14b. Signature of 2 nd parent (if required):		
Printed name:		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:				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • 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)				
<ul style="list-style-type: none"> • 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 Amy Harley, Health Officer.



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



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