

**WHEN RECORDED RETURN TO:**

Pamela Good  
14283 Eve of the Isle Road  
Anacortes, WA 98221

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20242641  
Date 10/21/2024

**DOCUMENT TITLE(S):**

Death Certificate

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

:  
The Estates of Stuart JE Good, deceased

:  
Public, State of WA, County of Skagit

**ABBREVIATED LEGAL DESCRIPTION:**

Lots 27, 37 & 42, Crater Lake Beach Club No. 1

**TAX PARCEL NUMBER(S):**

P64681/3892-000-027-0004 & P64691/3892-000-037-0002 & P64696/3892-000-042-0005

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-040948

DATE ISSUED: 08/23/2024

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): STUART J E  
LAST NAME(S): GOODCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 20, 2024  
HOUR OF DEATH: 08:20 AM  
SEX: MALE AGE: 99 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: LYNN, MAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DOROTHY MAE PHILLIPSOCCUPATION: COLLEGE DEAN OF STUDENTS  
INDUSTRY: HIGHER EDUCATION  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: YESINFORMANT: DOROTHY MAE GOOD  
RELATIONSHIP: SPOUSE  
ADDRESS: 14283 EYE OF THE ISLE ROAD ANACORTES, WA 98221CAUSE OF DEATH:  
A: ACUTE HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 12 DAYS  
B: PNEUMONIA  
INTERVAL: 12 DAYS  
C: SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2  
INTERVAL: 2 WEEKS  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: OBSTIPATION, URINARY TRACT  
INFECTIONDATE 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: 14283 EYE OF THE ISLE ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 14283 EYE OF THE ISLE ROAD  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARSFATHER: ERNEST C GOOD  
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: AUGUST 24, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
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: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: AUGUST 20, 2024CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: AUGUST 23, 2024

DOH 422-132 (2/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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	Initials	Date
Affidavit Number			
Required information must match current information on record			
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:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution):		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution):	
6. Name of Person Requesting Correction:		Relationship to <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:			
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 forgoing is true and correct.			
14a. Signature:		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.			
Birth Certificates			
<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 ascertained 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>			
Child under 18			
<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>			
Adult (18 years or older)			
<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>			
Death Certificates			
<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>			
Marriage/Dissolution (Divorce) Certificates			
<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>			

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 70.53 RCW, and at the direction of Amy Harley, Health Officer.

*Amy Harley*

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



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