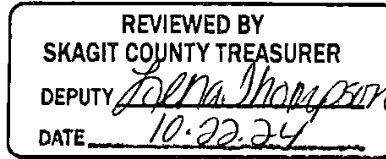




202410220044

10/22/2024 01:40 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



DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JACK L. GRIMM (aka JACK LAMARR
GRIMM) (DECEASED)

ASSESSOR'S PARCEL NUMBER:

P41813 (350621-3-006-0006)

ABBREVIATED LEGAL:

Portion of the Southeast Quarter of the
Southwest Quarter of Section 21, Township 35
North, Range 6 East of the Willamette
Meridian.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-015382

DATE ISSUED: 04/01/2024
FEE NUMBER: 310424FIRST AND MIDDLE NAME(S): JACK LAMARR
LAST NAME(S): GRIMMCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 26, 2024
HOUR OF DEATH: 02:15 PM
SEX: MALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: WASHINGTON, PAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATHERINE MARIE SHAWOCCUPATION: OWNER/OPERATOR
INDUSTRY: MECHANIC
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESINFORMANT: KATHERINE MARIE GRIMM
RELATIONSHIP: SPOUSE
ADDRESS: 32254 SOUTH LYMAN FERRY ROAD, SEDRO WOOLLEY, WACAUSE OF DEATH:
A: ISCHEMIC CARDIOMYOPATHY
INTERVAL: 12 YEARS
B: HYPERTENSION, HYPERLIPIDEMIA
INTERVAL: MANY YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: COMPLICATIONS OF ACUTE HIP
FRACTURE FOLLOWING GROUND LEVEL FALLDATE OF INJURY: MARCH 21, 2024 APPROXIMATE
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCELOCATION OF INJURY: 32254 SOUTH LYMAN FERRY ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 32254 SOUTH LYMAN FERRY ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 32254 SOUTH LYMAN FERRY ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARSFATHER: BRADEN WILLIAM GRIMM
MOTHER: EVELYN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: APRIL 03, 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: ACCIDENT
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: BRYCE M. ELDER, DEPUTY CORONER
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 28, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 240326-1111
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 01, 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 File Number	Fee Number	Initials	Date	Affidavit Number
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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:			
PO Box or Street Address		City	State Zip
Telephone Number:		Email Address:	
()			

8. The record currently shows:		9. The true fact is:	
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 2 nd 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 Acknowledgement 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)

- 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

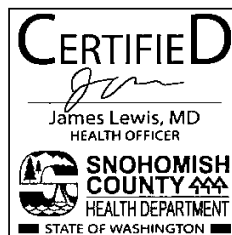
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



0 7 3 2 5 4 7 9