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11/15/2024 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  
(360) 336-6587

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 11/15/2024

DOCUMENT TITLE:

WASHINGTON STATE  
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 23-4-00251-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

TIMOTHY CHARLES OGDON (Deceased)

ASSESSOR'S PARCEL NUMBER:

P122246 (4846-000-002-0000)

LEGAL DESCRIPTION:

HOMESTEAD PLACE SUBDIVISION, LOT 2, ACRES 0.19, (DK12) AF#200412010051,  
AMENDED PLAT AF#200505060135, BEING A PORTION OF TRACT 63 OF  
BURLINGTON ACREAGE, LOCATED IN THE NW1/4 OF THE NE1/4 OF SECTION 5,  
TOWNSHIP 34 NORTH, RANGE 4 EAST. (DK12) AF#200412010051, AMENDED PLAT  
AF#200505060135, BEING A PORTION OF TRACT 63 OF BURLINGTON ACREAGE,  
LOCATED IN THE NW1/4 OF THE NE1/4 OF SECTION 5, TOWNSHIP 34 NORTH,  
RANGE 4 EAST.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-002970

DATE ISSUED: 01/24/2023  
FEE NUMBER: 310123

FIRST AND MIDDLE NAME(S): TIMOTHY CHARLES  
LAST NAME(S): OGDON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 19, 2023  
HOUR OF DEATH: 05:43 PM  
SEX: MALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MT VERNON, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: TAMARA BOOTHBY

OCCUPATION: TECHNICIAN  
INDUSTRY: TELEPHONE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: TAMARA OGDON  
RELATIONSHIP: WIFE  
ADDRESS: 1150 HOMESTEAD DR., BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: ESOPHAGEAL CANCER  
INTERVAL: 6MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1150 HOMESTEAD DR  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1150 HOMESTEAD DR  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: JOSEPH THOMAS OGDON  
MOTHER: MARION [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: JANUARY 23, 2023

FUNERAL FACILITY: MICHAELS SIMPLE CREMATION OF BELLINGHAM

ADDRESS: 2232 PACIFIC ST  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

MANNER 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: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 23, 2023

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JANUARY 23, 2023

**Affidavit for Correction**

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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
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**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 forgoing is true and correct.**

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

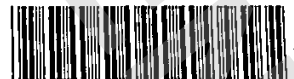
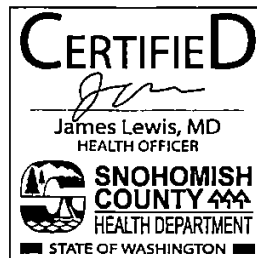
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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