



**202501270061**

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

01/27/2025 03:42 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

REVIEWED BY  
SKAGIT COUNTY TREASURER

DEPUTY

DATE

*Debra Thompson*  
*1-27-25*

DOCUMENT TITLE(S):

WASHINGTON CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

N/A

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

BARRIE ARNETT (aka BARRIE CLEMENT  
WOOTEN ARNETT) (Deceased)

ASSESSOR'S PARCEL NUMBER:

P128892 (5100-004-673-0000)

LEGAL DESCRIPTION:

Lot 673, "Survey of Shelter Bay Division 4,  
tribal and allotted lands of Swinomish  
Indian Reservation," according to the  
survey recorded July 8, 1970, in Volume 48  
of official records, pages 627 through 631,  
inclusive, records of Skagit County,  
Washington.

Situate in the County of Skagit, State of  
Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-036349

DATE ISSUED: 08/25/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARRIE CLEMENT WOOTEN  
LAST NAME(S): ARNETT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 21, 2017  
HOUR OF DEATH: 11:50 PM  
SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SPOUSE: MARGARET TARRANT

OCCUPATION: MARINE SURVEYOR  
INDUSTRY: MARINE SURVEYING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: MARGARET CARPENTER ARNETT  
RELATIONSHIP: WIFE  
ADDRESS: 673 MUCKLESHOOT CIRCLE, LACONNER, WA 98257

CAUSE OF DEATH:  
A: COMPLICATIONS OF MYELOFIBROSIS  
INTERVAL: YEARS  
B: AGNOGENIC MYELOID DYSPLASIA  
INTERVAL: 8 YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 673 MUCKLESHOOT CIRCLE  
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

RESIDENCE STREET: 673 MUCKLESHOOT CIRCLE  
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: SWINOMISH  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: NEIL WOOTEN ARNETT  
MOTHER/PARENT: JOAN [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 23, 2017

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION  
SERVICE INC  
ADDRESS: 746 NE MIDWAY BLVD  
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277  
FUNERAL DIRECTOR: PAUL E. KUZINA

MANNER 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: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: AUGUST 22, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 23, 2017



# Affidavit for Correction

01/27/2025 03:42 PM Page 2 of 3  
 MAJOR: 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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<b>Required</b>	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 Legal 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 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:
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Telephone Number:	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. 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

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

### Birth Certificates

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



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

**\*CERTIFIED\***

AUG 25 2017

J. Brad Thomas, M.D., Health Officer  
 Island County Health Dept.



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