



202503180044

03/18/2025 01:56 PM Pages: 1 of 4 Fees: \$21.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 0765
MAR 18 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By UT Deputy

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. STATE OF WASHINGTON

2.

Grantee(s):

☐ additional grantee names on page ____.

1. BILLIE JAY BUTTRAM JR

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

SEE EXHIBIT A

ptn Lots 1-2 BL 1 Cape Horn #1

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P63156

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-012127

DATE ISSUED: 03/11/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): BILLIE JAY
LAST NAME(S): BUTTRAM JRCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 07, 2025
HOUR OF DEATH: 02:40 AM
SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: JOPLIN, MOMARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: OWNER/OPERATOR
INDUSTRY: AUTOMOTIVE - REPAIR/MECHANIC
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: JAMES BUTTRAM
RELATIONSHIP: SON
ADDRESS: 9445 ALMAC PLACE, ANACORTES, WA 98221CAUSE OF DEATH:
A: PROBABLE STROKE
INTERVAL: UNKNOWN
B: CEREBROVASCULAR ATHEROSCLEROSIS
INTERVAL: 5
C: TYPE 2 DIABETES MELLITUS, HYPERTENSION
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE

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: 9417 ALMAC PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 9417 ALMAC PLACE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARSFATHER: BILLIE J BUTTRAM SR
MOTHER: JEANETTE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MARCH 11, 2025

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER 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: NOT APPLICABLECERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 07, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: MARCH 11, 2025

Affidavit for Correction

03/18/2025 01:58 PM Page 3 of 4

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

Required	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 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 City State Zip			

Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect/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: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

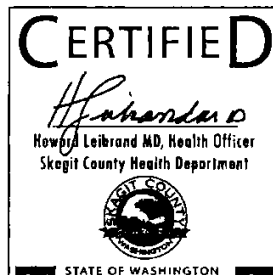
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 proof documentation.
- 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 1 8 6 0 6 1

EXHIBIT A

INC M/H MODULINE/CORINTHIAN 75 56X14 #91470: CAPE HORN ON THE SKAGIT, BLOCK I, THE NORTHEASTERLY 100 FEET OF LOTS 1 AND 2, THE SOUTHWESTERLY LINE OF SAID NORTHEASTERLY 100 FEET BEING MEASURED PARALLEL WITH AND 100 FEET SOUTHWESTERLY OF THE NORTHEASTERLY LINE OF SAID LOTS 1 AND 2. EXCEPT THE FOLLOWING DESCRIBED PARCELS A AND B, DESCRIBED AS FOLLOWS: PARCEL A: THE SOUTHWESTERLY 12 FEET OF THE NORTHWESTERLY 120 FEET OF THE FOLLOWING DESCRIBED PROPERTY: THE NORTHWESTERLY 100 FEET OF LOTS 1 AND 2, BLOCK I OF CAPE HORN ON THE SKAGIT AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGES 92 THROUGH 97, INCLUSIVE, RECORDS OF SKAGIT COUNTY, THE SOUTHWESTERLY LINE OF SAID NORTHEASTERLY 100 FEET BEING MEASURED PARALLEL WITH AND 100 FEET SOUTHWESTERLY OF THE NORTHEASTERLY LINE OF SAID LOTS 1 AND 2. TOGETHER WITH THE ADJACENT RIGHT-OF-WAY OF MOUNTAIN VIEW LANE, IF ANY. PARCEL B: A PARCEL OF LAND DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEASTERLY CORNER OF PARCEL A DESCRIBED ABOVE; THENCE 120 FEET SOUTHEASTERLY ALONG THE NORTHEASTERLY BOUNDARY OF PARCEL A TO THE SOUTHEASTERLY BOUNDARY OF PARCEL A; THENCE 1 FOOT NORTHEASTERLY AND PARALLEL WITH THE SOUTHEASTERLY BOUNDARY OF PARCEL A; THENCE NORTHWESTERLY TO A POINT 5 FEET NORTHEASTERLY OF THE POINT OF BEGINNING ON THE SOUTHEASTERLY BOUNDARY OF MOUNTAIN VIEW LANE; THENCE 5 FEET SOUTHWESTERLY TO THE POINT OF BEGINNING. TOGETHER WITH THE ADJACENT RIGHT-OF-WAY OF MOUNTAIN VIEW LANE, IF ANY. THE LEGAL DESCRIPTIONS OF PARCEL A AND PARCEL B SUBSTANTIALLY CONFORM TO THE SOUTHWESTERLY AND SOUTHEASTERLY SIDES OF THE NEWLY BUILT FENCES WHICH FORM A CONTINUOUS BOUNDARY FENCE BETWEEN THE PROPERTY OF THE PARTIES. IF THERE IS ANY CONFLICT BETWEEN THE LOCATION OF THE AS-BUILT FENCES AND THE LEGAL DESCRIPTION HEREIN, THEN THE LOCATION OF THE AS-BUILT FENCES AS THEY EXIST ON APRIL 20, 2011 SHALL CONTROL THE PROPERTY BOUNDARY.