



202504100036

04/10/2025 11:02 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1041
APR 10 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By *WT* Deputy

Document Title:
DEATH CERTIFICATE

Reference Number:

Grantor(s):

1. STATE OF WASHINGTON

2.

additional grantor names on page ____.

Grantee(s):
1. DOUGLAS STANLEY RAMEY

additional grantee names on page ____.

Abbreviated legal description: full legal on page(s) ____.

LOTS 6, 7 AND 8, BLOCK 8, ADDITION TO BAYVIEW, WASH., (BY ARCHIBALD SEIGFRED AND MARY K SEIGFRED), AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 11, RECORDS OF SKAGIT COUNTY, WASHINGTON. SURVEY AF#200712110010.

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____.
71100



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-019104

DATE ISSUED: 04/24/2023

FEES NUMBER:

FIRST AND MIDDLE NAME(S): DOUGLAS STANLEY
LAST NAME(S): RAMEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 16, 2023
HOUR OF DEATH: 11:15 AM
SEX: MALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, WA

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS OWNER
INDUSTRY: ANTIQUE STORE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: RITA RAMEY
RELATIONSHIP: DAUGHTER
ADDRESS: 11132 3RD ST MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: AORTIC STENOSIS
INTERVAL: YEARS
B: [REDACTED]
INTERVAL: [REDACTED]
C: [REDACTED]
INTERVAL: [REDACTED]
D: [REDACTED]
INTERVAL: [REDACTED]

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE, ATRIAL FIBRILLATION, CHRONIC KIDNEY DISEASE STAGE 4

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: 11132 3RD ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 11132 3RD ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS
FATHER: ROY RAMEY
MOTHER: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORIUM

CITY, STATE, MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 19, 2023

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 17, 2023

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 19, 2023



DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

202504100036

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Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300**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: First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>			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 <input type="text"/> Middle <input type="text"/> Last/Maiden <input type="text"/>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First <input type="text"/> Middle <input type="text"/> Last/Maiden <input type="text"/>		
6. Name of Person Requesting Correction: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital		

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. <input type="text"/>	9. <input type="text"/>
10. <input type="text"/>	11. <input type="text"/>
12. <input type="text"/>	13. <input type="text"/>

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: 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.

*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

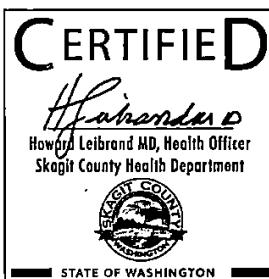
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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