




202504180063

04/18/2025 11:29 AM Pages: 1 of 4 Fees: \$21.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 1141  
APR 18 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By  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. ROBERT BYRON LINN

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

LT 47, SKYLINE NO. 6 AND LTS 27, 28, BLK 1 & LTS 40 & 41, BLK 2, PEAVEY'S ACREAGE

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

59440, 68024, 67906

## EXHIBIT A

**Property #1**

COUNTY PARCEL NUMBER: P66024 3966-002-041-0003

LEGAL DESCRIPTION: CU F&amp;A #208 AF#792627 1975: PEAVEY'S AC LTS 40 &amp; 41 BLK 2 - 20.00AC M/L

ADDRESS: 27028 Haeht Road, Sedro Woolley, WA 98284

SUBJECT TO: Easements, restrictions and reservations of record

**Property #2**

COUNTY PARCEL NUMBER: P67905 3966-001-028-0002

LEGAL DESCRIPTION: (19.5200 ac) CU F&amp;A #343 AF#751604 1972 TRNSF AF#808426: LTS 27 &amp; 28 BLK 1 - 19.52AC M/L PEAVEY'S AC

SUBJECT TO: Easements, restrictions and reservations of record

**ABBREVIATED LEGAL:**

INC MH 1983 RES 60X14 #SH5018A; LOT 47, SKYLINE NO. 6, AS PER PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 64 THROUGH 67, RECORDS OF SKAGIT COUNTY, WASHINGTON.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-017945

DATE ISSUED: 04/10/2025

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROBERT BYRON  
LAST NAME(S): LINN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 04, 2025  
HOUR OF DEATH: 07:30 PM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BRENDA JOLENE MOORE

OCCUPATION: FINANCIAL OFFICER  
INDUSTRY: SCHOOL DISTRICT  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: BRENDA JOLENE LINN  
RELATIONSHIP: SPOUSE  
ADDRESS: 27028 HOEHN ROAD SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: PRIMARY PANCREATIC CANCER  
INTERVAL: 3 MONTHS

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: 27028 HOEHN ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 27028 HOEHN ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 52 YEARS

FATHER: JAMES BYRON LINN  
MOTHER: MARY VIRGINIA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: APRIL 12, 2025

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: LORI B. BANES

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: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: APRIL 09, 2025

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

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: APRIL 10, 2025



# Affidavit for Correction

04/18/2025 11:29 AM Page 4 of 4  
Newborn 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
<b>Required Information must match current information on record</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 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:		

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 2nd 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Amy Harley, Health Officer.

*Amy Harley*



0 7 5 1 4 1 9 4