



202505070038

05/07/2025 12:16 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

00251378
MAY 07 2025

Document Title:

Certificate of Death

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

Reference Number: : AF 202504040003

Grantor(s):

☐ additional grantor names on page ____.

1. STATE OF WASHINGTON

2.

Grantee(s):

☐ additional grantee names on page ____.

1. GREGORY WEBBER DAY

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

DK 12: UNIT 47, THE CEDARS, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED FEBRUARY 2, 1998, UNDER AUDITOR'S FILE NO. 9802050054, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND ANY AMENDMENTS THERETO, AND AMENDED SURVEY MAP AND PLANS THEREOF RECORDED IN VOLUME 16 OF PLATS, PAGES 214 THROUGH 219 INCLUSIVE, RECORDS OF SKAGIT COUNTY, WA.

Assessor Parcel / Tax ID Number:

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

P112608 / 4705-000-047-0000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-017477

DATE ISSUED: 04/08/2025

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): GREGORY WEBBER
LAST NAME(S): DAY

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: APRIL 06, 2025
HOUR OF DEATH: 03:35 AM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MANAGER - OTHER
INDUSTRY: RETAIL GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: ANGELA FOWLER
RELATIONSHIP: DAUGHTER
ADDRESS: 11109 169TH ST NE, ARLINGTON WA 98223

CAUSE OF DEATH:
A: ACUTE ON CHRONIC RESPIRATORY FAILURE WITH HYPOXEMIA
INTERVAL: 5 DAYS
B: INTERSTITIAL LUNG DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: UNKNOWN YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES MELLITUS,
HYPERTENSION, ACUTE ON CHRONIC HEART FAILURE WITH PRESERVED
EJECTION FRACTION AND PULMONARY HYPERTENSION

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: HOSPICE FACILITY
FACILITY OR ADDRESS: 2806 DOUGLAS AVE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 1501 COLLINS RD APT 407
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-4303
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: DONALD BYRNE DAY
MOTHER: HAZEL [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SAFE HARBOR FUNERAL SERVICE

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: APRIL 11, 2025

FUNERAL FACILITY: WHATCOM CREMATION AND FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: JEFFREY A. LAUGENOUR

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LINDSAY D. NELSON, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: APRIL 07, 2025

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

LOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN
DATE RECEIVED: APRIL 08, 2025

Affidavit for Correction

05/07/2025 12:16 PM Page 1 of 3
Main ID: 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
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 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 nd parent (if required):
Printed name:	Printed name:
Date:	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.

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.

*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.

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



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