



202505230085

05/23/2025 02:38 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20251593

MAY 23 2025

Amount Paid \$0
By Skagit Co. Treasurer Deputy

Document Title:

Death Certificate

Reference Number (if applicable): _____

Grantor(s):

☐ additional grantor names on page ____

1) State of Washington

2) _____

Grantee(s):

☐ additional grantor names on page ____

1) Robert Lewis Scrimsher

2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____

S 2, Township 35 N, Range 4 E. WM

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____

P35619

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-018338

DATE ISSUED: 08/18/2014

FEE NUMBER: 0000000029

GIVEN NAMES: ROBERT LEWIS
LAST NAME: SCRIMSHERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 14, 2014
HOUR OF DEATH: 06:08 P.M.

SEX: MALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

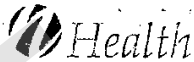
HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WHATCOM CNTY, WASHINGTONMARITAL STATUS: MARRIED
SPOUSE: THERESA FORSYTHOCCUPATION: TRUCK DRIVER
INDUSTRY: COMMERCIAL TRANSPORTATION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YESINFORMANT: DON SIMS
RELATIONSHIP: STEP-SON
ADDRESS: 22865 BRIDGEWATER ROAD, SEDRO-WOOLLEY, WA 98284PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 22833 BRIDGEWATER ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 22833 BRIDGEWATER ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARSFATHER: CYRUS LEWIS
MOTHER: DORTHEA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA
CITY, STATE: FERDALE, WA
DISPOSITION DATE: AUGUST 18, 2014FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM WA 98226
FUNERAL DIRECTOR: TIM D. POWELLCAUSE OF DEATH:
A. BLADDER CANCER
INTERVAL: YEARS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, MALIGNANT PLEURAL EFFUSIONDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:
LOCATION OF INJURY:CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: AUGUST 15, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: AUGUST 18, 2014

Affidavit for Correction

05/23/2025 02:58 PM Page 1 of 3



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

Health Services for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type:	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
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6.	7.
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8.	9.
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10.	11.
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12.	13.
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14. I represent the person as:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (Specify)			

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

15. Signature:	16. Date:	17. Address:
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(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	
	Passport	Hospital /Medical Record	

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 January 2014

CERTIFIED

AUG 18 2014

Skagit County Health Department
Howard Leibrand M.D., Health Officer

AA00222065