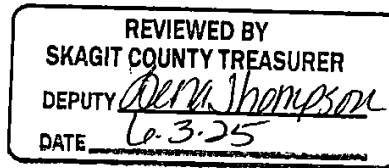


202506030068

06/03/2025 03:38 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273



DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

NORMAN EUGENE NUTTER (Deceased)

ASSESSOR'S PARCEL NUMBER:

P117736 (340208-0-004-0300)

ABBREVIATED LEGAL:

Portion of Government Lots 2 and 3, Section 8,
Township 34 North, Range 2 East of the
Willamette Meridian.

Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-044876

DATE ISSUED: 09/02/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): NORMAN EUGENE
LAST NAME(S): NUTTERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 29, 2022
HOUR OF DEATH: 06:09 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SACRAMENTO, CAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: BONITA LEE KROKOSKIOCCUPATION: BUSINESS OWNER
INDUSTRY: ELECTRICAL CONTRACTING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: BONNI NUTTER
RELATIONSHIP: WIFE
ADDRESS: 1004 COMMERCIAL AVENUE, PMB 508, ANACORTES, WACAUSE OF DEATH:
A: PROBABLE CARDIAC ARREST DUE TO UNDERLYING HYPERTENSION, DIABETES, ATRIAL FIBRILLATION
INTERVAL: LESS THAN 1 HRB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DIABETES
MELLITUS, OBSTRUCTIVE SLEEP APNEA, ATRIAL FIBRILLATIONDATE 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: 13887 GIBRALTER ROAD
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 13887 GIBRALTER ROAD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: HAROLD EDWARD NUTTER
MOTHER: MILDRED BETH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 04, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: KAPIL GANGWAL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1330 ROCKEFELLER AVE, SUITE 210
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
DATE SIGNED: SEPTEMBER 01, 2022CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 220830-90
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 02, 2022

Affidavit for Correction

Mailing: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-314
360-236-4300

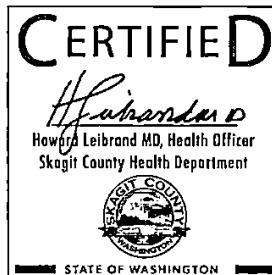
This is a legal document. Complete in ink and do not alter.**STATE OFFICE USE ONLY**

State File Number		Fee Number		Initials	Date	Affidavit Number	
-------------------	--	------------	--	----------	------	------------------	--

Required	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:			2. Date of Event:		3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY		(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
	First	Middle	Last/Maiden	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 foregoing is true and correct.							
14a. Signature:				14b. Signature of 2 nd 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:							
<ul style="list-style-type: none"> • 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).							
<u>Child under 18</u>							
<ul style="list-style-type: none"> • 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. 							
<u>Adult (18 years or older)</u>							
<ul style="list-style-type: none"> • 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.



0 6 2 5 7 0 2 7