



202506110069

06/11/2025 03:03 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20251810
JUN 11 2025

Amount Paid \$-0
Skagit Co. Treasurer
By *GA* 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. KAYONO TANO DUTCHER

2.

Abbreviated legal description:

☐ full legal on page(s) ____

LOT 1 ANACORTES SHORT PLAT ANA-96-005, APPROVED APRIL 29, 1997 AND
RECORDED MAY 21, 1997, UNDER AF#9705210087, IN VOLUME 13 OF SHORT PLATS,
PAGE 1; BEING A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST
QUARTER OF SECTION 24, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P111565

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 05/19/2025
FEE NUMBER:

CERTIFICATE NUMBER: 2025-024800

FIRST AND MIDDLE NAME(S): KAYONO TANO
LAST NAME(S): DUTCHERCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: MAY 16, 2025
HOUR OF DEATH: 12:30 AM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: JAPANESEBIRTH DATE: [REDACTED]
BIRTHPLACE: KUMAMOTO JAPANMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: PROCESSOR
INDUSTRY: FISH PROCESSING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOINFORMANT: SUZANNE WATSON
RELATIONSHIP: DAUGHTER
ADDRESS: 1997 N MAHONIA PLACE BELLINGHAM, WA 98299CAUSE OF DEATH:
A: ALZHEIMER'S DEMENTIA
INTERVAL: YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE
STAGE 5, HYPERTENSION, HEART FAILUREDATE 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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 4400 COLUMBINE DRIVE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226RESIDENCE STREET: 4400 COLUMBINE DRIVE
CITY, STATE, ZIP: BELLINGHAM, WA 98226
INSIDE CITY LIMITS: YES COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 MONTHSFATHER: MASO TANO
MOTHER: TOMIE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATIONCITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: MAY 19, 2025

FUNERAL FACILITY: WALLIN-STUCKY FUNERAL HOME

ADDRESS: 1811 NE 16TH AVE #A
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: BRYAN J. STUCKYMANNER 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 APPLICABLECERTIFIER NAME: LINDSAY D. NELSON, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: MAY 17, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: LORRI VINING
DATE RECEIVED: MAY 19, 2025

Affidavit for Correction

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 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
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Required information must match current information on record

Required	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 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

***CERTIFIED***

MAY 19 2025

*Howard Leibrand*Howard Leibrand, M.D., Health Officer
Island County Health Dept.

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