

202506240064

06/24/2025 03:27 PM Pages: 1 of 3 Fees: \$20.00

Skagit County Auditor, WA

**WHEN RECORDED RETURN TO:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 06/24/2025

213529-LT,

**DOCUMENT TITLE(S):**  
**CERTIFICATE OF DEATH**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
State of Washington

**GRANTEE:**  
Jo Ann Shoemake

**ABBREVIATED LEGAL DESCRIPTION:**  
Ptn Lots 12 & 13, O. Lervick's Plat of Agate Cove

**TAX PARCEL NUMBER(S):**  
3854-000-013-0410/P61699

LPB 01-05

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-017674

DATE ISSUED: 04/15/2024

FIRST AND MIDDLE NAME(S): JOANN  
LAST NAME(S): SHOEMAKE

FEE NUMBER: 1706081

COUNTY OF DEATH: KING

DATE OF DEATH: APRIL 08, 2024

HOUR OF DEATH: 01:20 PM

SEX: FEMALE

AGE: 95 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: HOLYROOD, KS

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: EDUCATOR

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: KIM ALBERT SHOEMAKE

RELATIONSHIP: SON

ADDRESS: 12145 SE 68TH PLACE, BELLEVUE, WA 98006

CAUSE OF DEATH:

A: CEREBROVASCULAR ACCIDENT

INTERVAL: 7 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, CHRONIC  
KIDNEY DISEASE, DIABETES MELLITUS

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: 12145 SE 68TH PLACE

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98006

RESIDENCE STREET: 12145 SE 68TH PL

CITY, STATE, ZIP: BELLEVUE, WA 98006-4418

INSIDE CITY LIMITS: YES

COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 55 YEARS

FATHER: FRANKLYN J SOMER

MOTHER: ELEANORA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: APRIL 12, 2024

FUNERAL FACILITY: BARTON FAMILY FUNERAL SERVICE

ADDRESS: 11630 SLATER AVE NE STE 1A

CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

FUNERAL DIRECTOR: PATRICIA J. BARTON

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: CAROLYN M. MINTER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1909 214TH STREET SE SUITE 300

CITY, STATE, ZIP: BOTHELL, WASHINGTON 98102

DATE SIGNED: APRIL 09, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

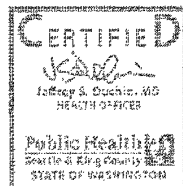
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN

DATE RECEIVED: APRIL 12, 2024

Washington Department of Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360 256-1800	
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
State File Number		File Number		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 of Record:		2. Date of Event: (YY, DD, CC)		3. Place of Event: (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)		
	Middle Last/M				
	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: 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 2nd parent (if required):			
Printed name:		Date:		Printed name:	
Date:					
INSTRUCTIONS - go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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 Number 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 16), or the named individual (if 16 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 DCH 422-159).					
Child under 16					
• 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 parent's name on certificate (can be any combination of the first, middle and 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 (16 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, executor/administrator, 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.



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