

When recorded return to:

Jeffrey A. Hamblin
Lester C Hamblin and Wilmoth L Hamblin Living
Trust dated 10/22/1993
21728 Grip Rd
Sedro Woolley, WA 98284

Filed for record at the request of:

**CHICAGO TITLE**
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620059108

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/08/2025

DOCUMENT TITLE(S)

Death Certificate

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

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

☐ Additional names on page _____ of document☐ Additional names on page _____ of document**GRANTEE(S)**

Wilmoth Louise Hamblin

☐ Additional names on page _____ of document☐ Additional names on page _____ of document**ABBREVIATED LEGAL DESCRIPTION**

PTN S 1/2 NE 1/4 NW 1/4 SEC 25-34-3E, W.M

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P22733 / 340325-2-002-0010

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-032943

DATE ISSUED: 07/10/2024
FEE NUMBER:FIRST AND MIDDLE NAME(S): WILMOTH LOUISE
LAST NAME(S): HAMBLINCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 03, 2024 FOUND
HOUR OF DEATH: UNKNOWN
SEX: FEMALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: :HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTH PLACE: UNKNOWN, IAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: DRIVER - BUS
INDUSTRY: TRANSPORTATION - OTHER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: JEFF HAMBLIN
RELATIONSHIP: SON
ADDRESS: 21728 GRIP ROAD SEDRO WOOLLEY, WA 98284CAUSE OF DEATH:
A: NATURAL CAUSE
INTERVAL: UNKNOWN
B: CONGESTIVE HEART FAILURE OF UNKNOWN ETIOLOGY
INTERVAL: 3 MONTHS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NON-HODGKIN LYMPHOMA

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: 16240 PENN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-8855RESIDENCE STREET: 16240 PENN RD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-8855
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 62 YEARSFATHER: BERNARD SQUER
MOTHER: ADA RABMETHOD OF DISPOSITION: ENTOMBMENT
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 15, 2024

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: SHUJUN CHEN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1990 HOSPITAL DR
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
DATE SIGNED: JULY 09, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JULY 10, 2024

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

07/08/2025 01:04 PM Page 1 of 3
 Washington State Department of 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:		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 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
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:	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.

Adult (18 years or older)

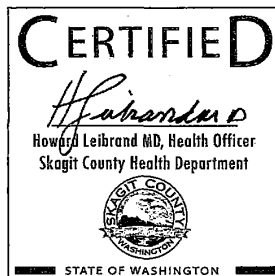
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To 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**

- 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.



Certificate not valid unless the Seal of the State of
 Washington changes color when heat applied.



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