



202507140052

07/14/2025 10:56 AM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 5188  
JUL 14 2025

Amount Paid \$0  
Skagit Co. Treasurer  
By LT Deputy

Document Title:  
DEATH CERTIFICATE

Reference Number :  
202507140041

Grantor(s):

additional grantor names on page \_\_\_\_.

1. STATE OF WASHINGTON
- 2.

Grantee(s):

additional grantee names on page \_\_\_\_.

1. LARRY WILSON EDWARDS
- 2.

Abbreviated legal description:

full legal on page(s) \_\_\_\_.

LOTS 17 & 18, BLOCK 78, AMENDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASH.,  
AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 17, RECORDS OF SKAGIT  
COUNTY, WASHINGTON.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_\_.

71842

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-033378

DATE ISSUED: 07/09/2025

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): LARRY WILSON  
LAST NAME(S): EDWARDS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 28, 2025  
HOUR OF DEATH: 12:27 PM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: DECATUR, IL

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: PATRICIA MONTGOMERY

OCCUPATION: OCCUPATIONAL REHABILITATION COUNSELOR  
INDUSTRY: GOVERNMENT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: PAT EDWARDS  
RELATIONSHIP: WIFE  
ADDRESS: 921 E. RIO VISTA AVE. BURLINGTON WA 98233

CAUSE OF DEATH:  
A: STAPHYLOCOCCUS AUREUS PNEUMONIA  
INTERVAL: 1 DAYS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: KYPHOSIS WITH ASPIRATION,  
NEW ATRIAL FIBRILLATION AND SYSTOLIC HEART FAILURE, STERNAL  
FRACTURE AFTER RECENT FALL

DATE OF INJURY: UNKNOWN  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 921 EAST RIO VISTA AVENUE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL  
RESULTING IN STERNAL PAIN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

RESIDENCE STREET: 921 E RIO VISTA AVE  
CITY, STATE, ZIP: BURLINGTON, WA 98233-2336  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: CARL FRANKLIN EDWARDS  
MOTHER: VERNA LOUISE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

CITY, STATE: BELLINGHAM, WASHINGTON  
DISPOSITION DATE: JULY 08, 2025

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

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: HAYLEY THOMPSON, CORONER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 03, 2025

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: JULY 07, 2025



Affidavit for Correction

Center for 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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections for Record Type, Name on Record, Date of Event, Place of Event, etc.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record currently shows: and The true fact is: with rows 8-13 for recording discrepancies.

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

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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

- 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).

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

- 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Amy Harley, Health Officer.
[Signature]



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