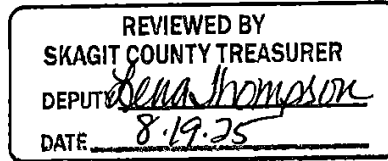




202508190045

08/19/2025 03:53 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
PIRKLE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273



DOCUMENT TITLE:

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 25-4-00359-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

WAYNE J. WILSON (Deceased)

ASSESSOR'S PARCEL NUMBER:

P61669 (3853-000-013-0007)

LEGAL DESCRIPTION:

The West 110 feet of Lot 13, "AEMMER
ADDITION TO MOUNT VERNON", as per
plat recorded in Volume 7 of Plats, page 92,
records of Skagit County, Washington.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-031997

DATE ISSUED: 06/27/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): WAYNE JAY
LAST NAME(S): WILSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 25, 2025
HOUR OF DEATH: 10:15 PM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: KERRY LARSONOCCUPATION: ELECTRICIAN
INDUSTRY: TECHNICIAN
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESINFORMANT: KERRY WILSON
RELATIONSHIP: WIFE
ADDRESS: 2100 SOUTH 19TH STREET, MOUNT VERNON, WA, 98274CAUSE OF DEATH:
A: PROBABLE LUNG CANCER
INTERVAL: 2 MONTHSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASIS TO BONE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASEDATE 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: 2100 SOUTH 19TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 2100 SOUTH 19TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARSFATHER: LLOYD MCELDOON
MOTHER: JOAN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 27, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: HELEANA FOLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 26, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 27, 2025

DOH422-132SKAGIT (2/22)

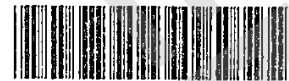
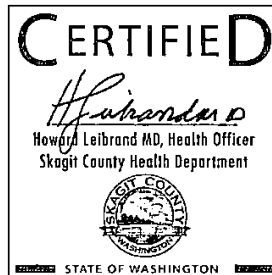
NOT VALID IF PHOTOCOPIED OR ALTERED



State File Number		Fee Number		Initials		Date		Affidavit Number	
Required	Required information must match current information on record								
	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Parent(s)		☐ Guardian ☐ Informant ☐ Hospital ☐ Funeral Director ☐ 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: • 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									
Adult (18 years or older)									
• 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.									
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.



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