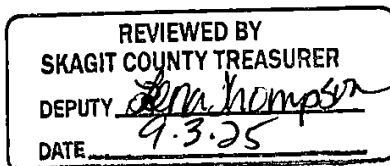




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09/03/2025 04:01 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

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



DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

SKAGIT COUNTY CAUSE NO. 25-4-00175-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

DEAN C. ANDERSON (Deceased)

ASSESSOR'S PARCEL NUMBER:

P129690 (5100-002-125-0000)

LEGAL DESCRIPTION:

Lot 125, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2 Tribal and Allotted Lands of Swinomish Indian Reservations," as recorded March 17, 1970, in Volume 43 of official Records, Pages 833 through 838, under Auditor's File No 737013 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: 2025-016366

DATE ISSUED: 04/02/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): DEAN CALVIN
LAST NAME(S): ANDERSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 31, 2025
HOUR OF DEATH: 12:14 AM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: CLEARWATER, NEMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JUDITH A JURACEKOCCUPATION: FINANCIAL MANAGER
INDUSTRY: MANUFACTURING - AIRCRAFT AND PARTS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: JUDITH A ANDERSON
RELATIONSHIP: WIFE
ADDRESS: 125 LUMMI CIR, LA CONNER, WA, 98257CAUSE OF DEATH:
A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 5 DAYS
B: ASPIRATION PNEUMONIA
INTERVAL: 5 DAYS
C: HYPERNATREMIA
INTERVAL: 5 DAYS
D: DEMENTIA
INTERVAL: 2 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190RESIDENCE STREET: 125 LUMMI CIR
CITY, STATE, ZIP: LA CONNER, WA 98257-9632
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARSFATHER: CLARK C. ANDERSON
MOTHER: VERNA E. [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: APRIL 02, 2025

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER 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: AMREEN KAUR, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 02, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: APRIL 02, 2025

DOH422-1325KAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

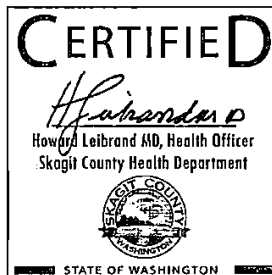
09/03/2025 04:01 PM
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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	Required information must match current information on record				
	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ 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:			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					
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).					
<u>Child under 18</u>					
• 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.					
<u>Adult (18 years or older)</u>					
• 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					
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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