



202510030043

10/03/2025 10:38 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 3246

OCT 03 2025

Amount Paid \$0
Skagit Co. Treasurer
By *[Signature]* Deputy

Document Title:

Death Certificate

Reference Number (if applicable):

202507180109

Grantor(s):

additional grantor names on page ____

- 1) WA State of _____
- 2) _____

Grantee(s):

additional grantor names on page ____

- 1) Henshaw, Phyllis Ann _____
- 2) _____

Abbreviated Legal Description:

full legal on page(s) ____

Lot 50 Cascade River Park #3

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P163929

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-045046

LOCAL FILE NUMBER: 4211

DATE ISSUED: 09/12/2025

FEE NUMBER: 310925

FIRST AND MIDDLE NAME(S): PHYLLIS ANN
LAST NAME(S): HENSHAW

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: SEPTEMBER 09, 2025
HOUR OF DEATH: 08:22 AM
SEX: FEMALE AGE: 95 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CLEVELAND, OHIO

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SHERIFF/COUNTY PROPERTY CLERK
INDUSTRY: GOVERNMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: DEAN S. HABOWSKI
RELATIONSHIP: SON
ADDRESS: 11804 38TH AVE NE, MARYSVILLE WA 98271

CAUSE OF DEATH:
A: MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, MALIGNANT NEOPLASM OF OVERLAPPING SITES OF
THE RIGHT FEMALE BREAST, HISTORY OF COLON CANCER WITH ILEOSTOMY

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: 1717 ROCKEFELLER AVE APT 308
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 1717 ROCKEFELLER AVE APT 308
CITY, STATE, ZIP: EVERETT, WA 98201-5911
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: WALTER CYE
MOTHER: HELEN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 12, 2025

FUNERAL FACILITY: EVERGREEN FUNERAL HOME AND CEMETERY

ADDRESS: 4504 BROADWAY
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203
FUNERAL DIRECTOR: LEVI W. SUTTON, III

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JORDAN NAGLE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 407 PORTWAY AVE STE 201
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031
DATE SIGNED: SEPTEMBER 11, 2025

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: STEPHANIE ANDERSON
DATE RECEIVED: SEPTEMBER 12, 2025



Affidavit for Correction

10/03/2025 10:38 AM Page 3 of 3
Mail to: 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				
State File Number	Fee Number	Initials	Date	Affidavit Number

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) 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 forgoing is true and correct.

14a. Signature: 14b. Signature of 2nd 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

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement 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

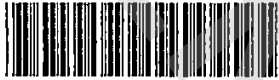
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



0 8 2 8 9 5 1 4