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202511140006

11/14/2025 08:35 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

CERTIFICATE OF DEATH

Document Title: Certificate of Death
Grantor: State of Washington
Grantee: Jerome P. Bakkom

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-002822

DATE ISSUED: 01/24/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEROME PAUL

LAST NAME(S): BAKKOM

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 20, 2025

HOUR OF DEATH: 11:10 AM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DIANA LYNNE CULVER

OCCUPATION: BOAT BUILDER

INDUSTRY: BOAT BUILDING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: DIANA LYNNE BAKKOM

RELATIONSHIP: SPOUSE

ADDRESS: 1609 26TH CIRCLE, ANACORTES, WA 98221

CAUSE OF DEATH:

A. METASTATIC PROSTATE CANCER

INTERVAL: 14 YEARS

B.

INTERVAL

C.

INTERVAL

D.

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA

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: OTHER

FACILITY OR ADDRESS: 3502 K AVE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1609 26TH CIRCLE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: ORLANDO BAKKOM

MOTHER: IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JANUARY 24, 2025

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL AND CREMATION SERVICE INC

ADDRESS: 746 NE MIDWAY BLVD

CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277

FUNERAL DIRECTOR: PAUL E. KUZINA

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: KAREN M. BOLTON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 3251 BIZ POINT ROAD

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: JANUARY 22, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JANUARY 23, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

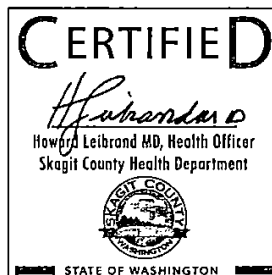
11/14/2025 08:45 AM Page 8 of 8
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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)					
Required	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
6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ 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 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					
• 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					
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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