



202511140079

11/14/2025 02:55 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20253732
NOV 14 2025

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

Document Title: Death Certificate

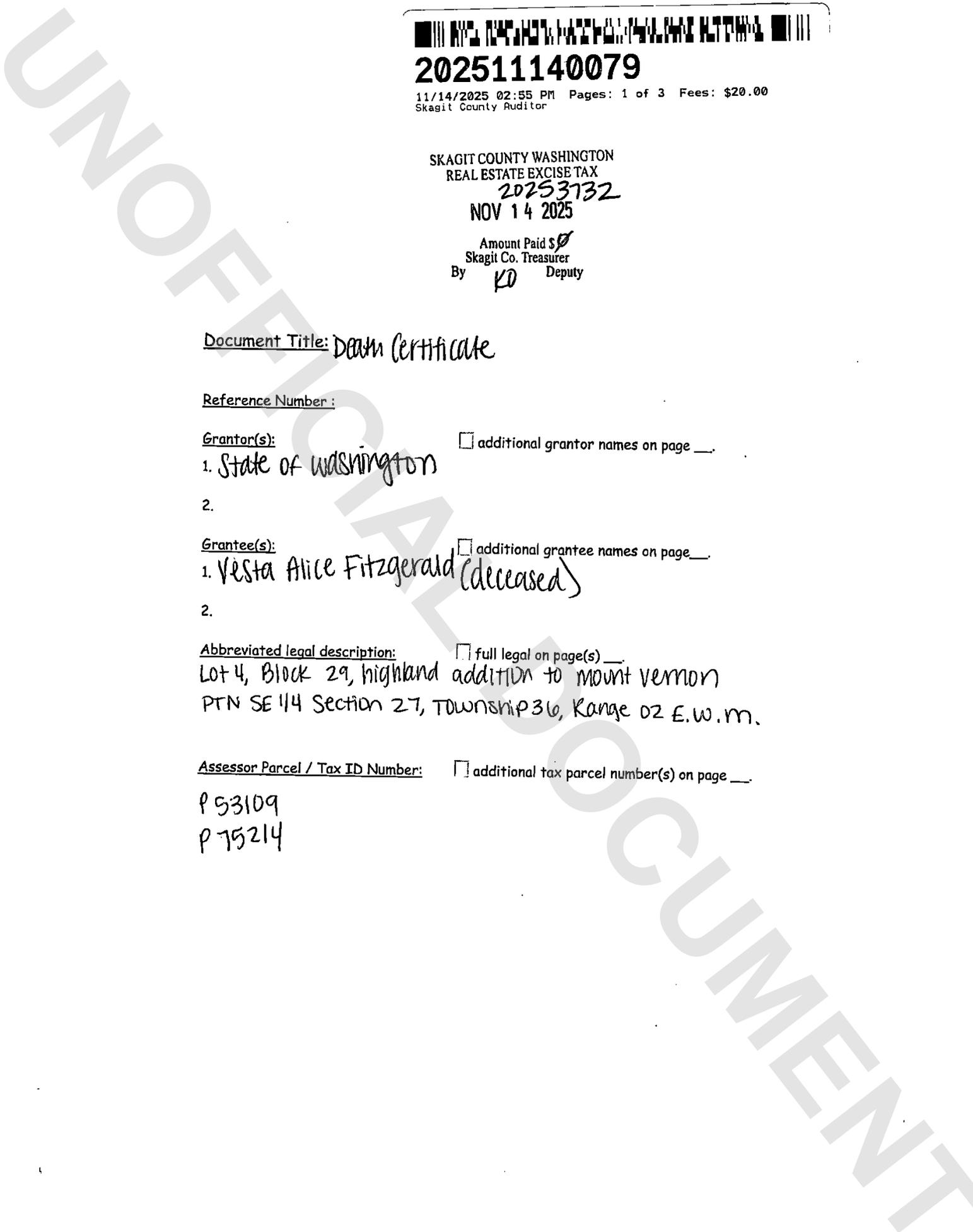
Reference Number :

Grantor(s): additional grantor names on page ____
1. State of Washington
2.

Grantee(s): additional grantee names on page ____
1. Vesta Alice Fitzgerald (deceased)
2.

Abbreviated legal description: full legal on page(s) ____
Lot 4, Block 29, Highland addition to Mount Vernon
PTN SE 1/4 Section 27, Township 36, Range 02 E.W.M.

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____
P 53109
P 75214



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-049669

DATE ISSUED: 11/06/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): VESTA ALICE
LAST NAME(S): FITZGERALD

AKA: BETTE FITZGERALD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 04, 2025

HOUR OF DEATH: 04:40 PM

SEX: FEMALE

AGE: 100 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BURLINGTON, WASHINGTON

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: NURSE - REGISTERED

INDUSTRY: MEDICAL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: JANICE LANIER

RELATIONSHIP: DAUGHTER

ADDRESS: 303 CLAREMONT PLACE, MOUNT VERNON, WA, 98274

CAUSE OF DEATH:

A: COMPLICATIONS STATUS POST THORACIC FRACTURES

INTERVAL: 4 MONTHS

B: GROUND LEVEL FALL

INTERVAL: 4 MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
HYPERTENSION, MEMORY LOSS, URINARY RETENTION

DATE OF INJURY: MAY 25, 2025

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 402 EAST WASHINGTON STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

AKA:

AKA:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 300 SOUTH 18TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 402 EAST WASHINGTON ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-3935

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: CLYDE PAT MORTON

MOTHER: FLORENCE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 10, 2025

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: JEREMIAH T. LESOURD

MANNER OF DEATH: ACCIDENT

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: OCTOBER 07, 2025

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 251005-32

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: OCTOBER 09, 2025



Affidavit for Correction

11/14/2025 02:55 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 information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

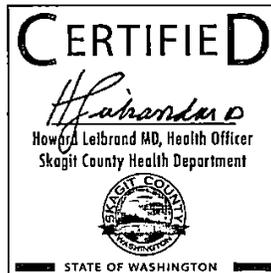
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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