



202511200004

11/20/2025 10:07 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 3779
NOV 20 2025

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

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. KYU SOP KIM
- 2.

Abbreviated legal description: full legal on page(s) ____

ALL THAT PORTION OF THE SOUTHEAST QUARTER OF SECTION 9, TOWNSHIP 34
NORTH, RANGE 3 EAST, W.M.,

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

21305

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-055525

LOCAL FILE NUMBER: 5215

DATE ISSUED: 11/12/2025
FEE NUMBER: 311125

FIRST AND MIDDLE NAME(S): KYU SOP
LAST NAME(S): KIM

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: NOVEMBER 10, 2025
HOUR OF DEATH: 02:55 PM

SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHOONG-CHUNG, KOREA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS OWNER
INDUSTRY: RETAIL STORE
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: KAY KIM
RELATIONSHIP: DAUGHTER
ADDRESS: 12036 BAY HEIGHTS PLACE, BURLINGTON, WA 98233

CAUSE OF DEATH:
A: BREAST CANCER WITH METASTASES TO THE LUNG, BONE, AND LIVER
INTERVAL: YEARS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 14726 18TH AVE W
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98087

RESIDENCE STREET: 14726 18TH AVE W
CITY, STATE, ZIP: LYNNWOOD, WA 98087-6039
INSIDE CITY LIMITS: NO COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHS

FATHER: SANG-OU SIM
MOTHER: BYOUNG-SOON [REDACTED]

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

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 13, 2025

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: MIA T. TIMMERMAN

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: LAUREN M. SMILDE, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 12040 NE 128TH ST MS119
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
DATE SIGNED: NOVEMBER 12, 2025

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

LOCAL DEPUTY REGISTRAR: JUDY WERST
DATE RECEIVED: NOVEMBER 12, 2025



Affidavit for Correction

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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)
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 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.

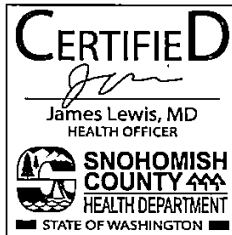
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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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