



202511210036

11/21/2025 09:39 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

JONES BUTLER DOLAN, PS
P.O. Box 458
Stanwood, WA 98292
360-336-2939

CERTIFICATE OF DEATH

Document Title: Certificate of Death
Grantor: State of Washington
Grantee: Mary Elizabeth Hockman

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 08/04/2025
FEE NUMBER: 37

CERTIFICATE NUMBER: 2025-038121

FIRST AND MIDDLE NAME(S): MARY
LAST NAME(S): HOCKMANCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: JULY 27, 2025
HOUR OF DEATH: 03:37 PM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WASHINGTONMARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAT HOCKMANOCCUPATION: CLERICAL/CLERK
INDUSTRY: LAW - LEGAL SERVICES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: PAT HOCKMAN
RELATIONSHIP: HUSBAND
ADDRESS: 12364 BAYHILL DR BURLINGTON, WA 98233CAUSE OF DEATH:
A: ACUTE ON CHRONIC HYPOXIC RESPIRATORY FAILURE WITH BILATERAL PULMONARY EMBOLISM
INTERVAL: 6 DAYS
B: BILATERAL MALIGNANT PLEURAL EFFUSIONS, MALIGNANT ASCITES
INTERVAL: 38 DAYS
C: METASTATIC ADENOCARCINOMA, UNKNOWN PRIMARY
INTERVAL: 38 DAYS
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: HOSPICE FACILITY
FACILITY OR ADDRESS: 2806 DOUGLAS AVE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 12364 BAYHILL DR
CITY, STATE, ZIP: BURLINGTON, WA 98233-2772
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARSFATHER: ROY SOLLIE
MOTHER: IRENE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COUNTY CREMATION SERVICESCITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: AUGUST 05, 2025

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: BRADLEY W. BYTNARMANNER 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: MEGAN B. ELLINGSEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: JULY 29, 2025CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN
DATE RECEIVED: AUGUST 01, 2025



Affidavit for Correction

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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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
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 foregoing is true and correct.

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

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.
- *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.

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.

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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Amy Harley, Health Officer.

Amy Harley



0 8 0 7 8 2 9 2