



**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

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 DAYSD:  
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



DOH 422-034 August 2019

# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number		Fee Number	Initials	Date	Affidavit Number
<b>Required</b>	<b>Required information must match current information on record</b>				
	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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital		
	7. Return Mailing Address: PO Box or Street Address _____		City _____	State _____	Zip _____
Telephone Number: _____ Email Address: _____					
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>					
The record currently shows:		The true fact is:			
8. _____		9. _____			
10. _____		11. _____			
12. _____		13. _____			
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>					
14a. Signature: _____		14b. Signature of 2 <sup>nd</sup> parent (if required): _____			
Printed name: _____ Date: _____		Printed name: _____ Date: _____			
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>					
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:					
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>					
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>					
<b>Birth Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Proof documentation must be five or more years old or established within five years of birth.</li> <li>4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).</li> </ol>					
<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> <p>*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.</p>					
<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>					
<b>Death Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol>					
<b>Marriage/Dissolution (Divorce) Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>					



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.

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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