



202512050058

12/05/2025 02:05 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 3916  
DEC 05 2025

Amount Paid \$-0  
Skagit Co. Treasurer  
By *LT* 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. PAUL JOHN ASHBACK

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

LOT 56, PLAT OF POTLATCH BEACH TGW N 1/2 VACATED GUEMES ISLAND ROAD

Assessor Parcel / Tax ID Number:  
68076

☐ additional tax parcel number(s) on page \_\_\_\_

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-046731

DATE ISSUED: 09/24/2025  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAUL JOHN  
LAST NAME(S): ASHBACK

COUNTY OF DEATH: CLARK  
DATE OF DEATH: SEPTEMBER 13, 2025  
HOUR OF DEATH: 11:07 PM  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: PORTLAND, OREGON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DEBRA LONGMIRE

OCCUPATION: CRANE OPERATOR  
INDUSTRY: ALUMINUM  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: DEBRA ASHBACK  
RELATIONSHIP: WIFE  
ADDRESS: PO BOX 2125, BATTLE GROUND, WA. 98604

CAUSE OF DEATH:  
A: ACUTE MYOCARDIAL INFARCTION  
INTERVAL: UNKNOWN  
B: SEVERE CORONARY ARTERY ATHEROSCLEROSIS  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROBABLE HYPERTENSIVE  
CARDIOVASCULAR DISEASE

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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 14901 NE 356TH ST  
CITY, STATE, ZIP: YACOLT, WASHINGTON 98675

RESIDENCE STREET: 14901 NE 356TH ST  
CITY, STATE, ZIP: YACOLT, WA 98675  
INSIDE CITY LIMITS: NO COUNTY: CLARK  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: EUGENE DANIEL ASHBACK  
MOTHER: AGNES [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LONGVIEW MEMORIAL PARK CREMATORY

CITY, STATE: LONGVIEW, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 24, 2025

FUNERAL FACILITY: LAYNE'S FUNERAL SERVICES INC

ADDRESS: PO BOX 7  
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604  
FUNERAL DIRECTOR: EMILY A. HOYT

MANNER OF DEATH: NATURAL  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: YES  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MARTHA J. BURT, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: PO BOX 5000  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98666  
DATE SIGNED: SEPTEMBER 18, 2025

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 2025-3146  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON  
DATE RECEIVED: SEPTEMBER 23, 2025

# Affidavit for Correction

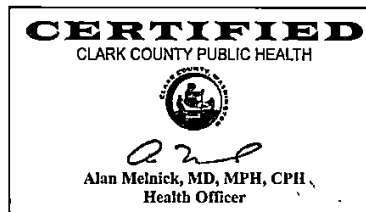
12/05/2025 02:06 PM  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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
<b>Required information must match current information on record</b>				
Required	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:			
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>				
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: Printed name: Date:		14b. Signature of 2 <sup>nd</sup> parent (if required): 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>				
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).				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 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.</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> </div> <div style="width: 48%;"> <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> </div> </div> <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>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.



0 7 6 8 0 3 3 9