



202512300030

12/30/2025 01:02 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON

REAL ESTATE EXCISE TAX

2025 4153
DEC 30 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By *G* Deputy

Document Title:
DEATH CERTIFICATE

Reference Number:

Grantor(s):

1. STATE OF WASHINGTON

2.

additional grantor names on page ____.

Grantee(s):
1. CORINNE LOUISE NELSON

additional grantee names on page ____.

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

LOT 18, PLAT OF WASHINGTON PARK ESTATES, AS PER PLAT RECORDED NOVEMBER
29, 2000, UNDER AUDITOR'S FILE NO. 200011290068, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____.
117644

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-054950

FIRST AND MIDDLE NAME(S): CORINNE LOUISE
LAST NAME(S): NELSONCOUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 05, 2025
HOUR OF DEATH: 12:23 PM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SACRAMENTO, CALIFORNIAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAMES BYRON NELSONOCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: JAMES B NELSON
RELATIONSHIP: HUSBAND
ADDRESS: 2510 WASHINGTON BLVD, ANACORTES, WA 98221

CAUSE OF DEATH:

A: SEPTIC SHOCK AND ACUTE RESPIRATORY FAILURE
INTERVAL: 2 DAYS
B: URINARY TRACT INFECTION AND ASPIRATION PNEUMONIA
INTERVAL: 2 WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DECOMPENSATED HEART FAILURE

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

DATE ISSUED: 11/10/2025
FEE NUMBER:PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101-0900RESIDENCE STREET: 2510 WASHINGTON BLVD
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARSFATHER: ROBERT MARSHALL
MOTHER: RUTH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORIUMCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: NOVEMBER 08, 2025

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORIUM INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: HASHIM MEHTER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1100 9TH AVENUE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101
DATE SIGNED: NOVEMBER 05, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DARIN WISE
DATE RECEIVED: NOVEMBER 07, 2025



DOH 422-034 August 2019

202512300030

Affidavit for Correction

12/30/2025 01:02 PM Paper Seal Statistics
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:			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	<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
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Telephone Number: ()	Email Address:
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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 2 nd 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

- 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.

*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

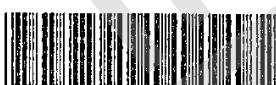
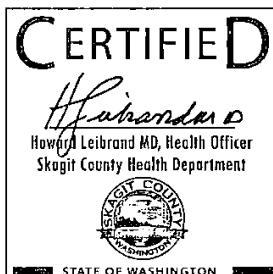
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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