



202512300030

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

5025 4153  
DEC 30 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *GT* 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. CORINNE LOUISE NELSON

2.

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: 2025-054850

DATE ISSUED: 11/10/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CORINNE LOUISE

LAST NAME(S): NELSON

COUNTY 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: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: SACRAMENTO, CALIFORNIA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JAMES BYRON NELSON

OCCUPATION: HOMEMAKER

INDUSTRY: HOME/PRIVATE HOUSEHOLD

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: 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

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101-0900

RESIDENCE 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 YEARS

FATHER: ROBERT MARSHALL

MOTHER: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 08, 2025

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER 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 APPLICABLE

CERTIFIER NAME: HASHIM MEHTER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1100 9TH AVENUE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101

DATE SIGNED: NOVEMBER 05, 2025

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DARIN WISE

DATE RECEIVED: NOVEMBER 07, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

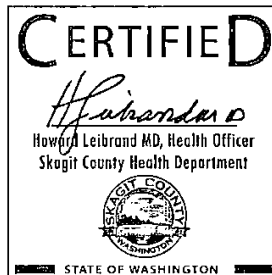
12/30/2025 01:02 PM Page 8 of 8  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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>				
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
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:			Printed name:	
Date:			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).				
<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>				
<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>				
*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.				
<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 1 9 6 6 9 6