

**When recorded return to:**

Bill J. Forcier  
3050 Sapp R.O. SW  
Olympia, WA 98512

Filed for record at the request of:



**CHICAGO TITLE**  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620060994

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By BELEN MARTINEZ  
Affidavit No. 20260271  
Date 01/30/2026

Chicago Title  
620060994

**DOCUMENT TITLE(S)**

Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

*State of Washington*

Additional names on page \_\_\_\_\_ of document

Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

*Myrna L. Forcier*

Additional names on page \_\_\_\_\_ of document

Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

LTS 27 AND 28 AND PTN LT 29, BLK 73, "FIRST ADDITION TO THE TOWN OF SEDRO IN SKAGIT COUNTY, WASHINGTON"

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P76109/4150-073-029-0004

Additional Tax Accounts are on page \_\_\_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-031550

DATE ISSUED: 07/07/2021

FIRST AND MIDDLE NAME(S): MYRNA LOUISE  
LAST NAME(S): FORCIER

FEE NUMBER:

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 02, 2021  
HOUR OF DEATH: 01:22 PM  
SEX: FEMALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 910 FIDALGO STREET  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WAFATHER: RAYMOND P HARRIS  
MOTHER: CARLA [REDACTED]MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BILL JAMES FORCIERMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYOCCUPATION: CHILD CARE  
INDUSTRY: DAYCARE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 06, 2021INFORMANT: BILL JAMES FORCIER  
RELATIONSHIP: HUSBAND  
ADDRESS: 910 FIDALGO STREET, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

## CAUSE OF DEATH:

- A: ACUTE MYOCARDIAL INFARCT  
INTERVAL: 90 MINUTES  
B: CORONARY ARTERY DISEASE  
INTERVAL: 5 YEARS  
C: ATHEROSCLEROSIS  
INTERVAL: 10 YEARS  
D:  
INTERVAL:

## OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER 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: NO RESPONSEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: H EDWIN STICKLE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: JULY 03, 2021

## LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA# 210702-529  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 06, 2021



Affidavit for Correction

Mail to: Center for Health 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: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record.

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:

8. The record currently shows: 9. The true fact is: 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, 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 Adult (18 years or older)

- 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.
• 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.
\*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.

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.

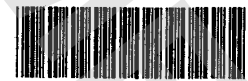


\*CERTIFIED\*

JUL 07 2021

Handwritten signature

Skagit County Health Department
Howard Leibrand M.D., Health Officer



0 4 4 9 9 8 2 6

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