



202603030064

03/03/2026 01:09 PM Pages 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.0611
MAR 03 2026

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. MARIANNE MANVILLE AILLES

2.

Abbreviated legal description:

full legal on page(s) ___.

LOTS 1 THROUGH 6, INC., BLK 77, AMENDED PLAT OF BURLINGTON

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___.

108091, 108090, 71827

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 02/27/2026
FEE NUMBER:

CERTIFICATE NUMBER: 2026-009232

FIRST AND MIDDLE NAME(S): MARIANNE
LAST NAME(S): MANVILLE-AILLES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 24, 2026
HOUR OF DEATH: 12:39 PM
SEX: FEMALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: WALDEN, COLORADO

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROBERT PATRICK JAMES AILLES

OCCUPATION: CITY PLANNER
INDUSTRY: CITY GOVERNMENT
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: ROBERT "PAT" AILLES
RELATIONSHIP: HUSBAND
ADDRESS: 826 EAST ORANGE AVE BURLINGTON WA 98233

CAUSE OF DEATH:
A: PANCREATIC CANCER
INTERVAL: 3 WEEKS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PERITONEAL METASTASES,
LIVER NODULES SUSPICIOUS FOR METASTASES, HEMORRHAGIC ASCITES,
RESPIRATORY FAILURE WITH HYPOXIA, ANEMIA, PROTEIN CALORIE
MALNUTRITION

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: OTHER PERSON'S RESIDENCE
FACILITY OR ADDRESS: 13530 BISQUET RIDGE LN
CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 826 E ORANGE AVE
CITY, STATE, ZIP: BURLINGTON, WA 98233-2318
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NONE
LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: ROBERT EDWARD MANVILLE
MOTHER: PENELOPE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: FEBRUARY 27, 2026

FUNERAL FACILITY: SKAGIT CREMATION SERVICES LLC

ADDRESS: PO BOX 433
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JEFF LIDDLE

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: NOT APPLICABLE

CERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 26, 2026

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 26, 2026

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 03/03/2026 01:09 PM Center for Health Statistics

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

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

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:

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 foregoing is true and correct.

14a. Signature: 14b. Signature of 2nd 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.

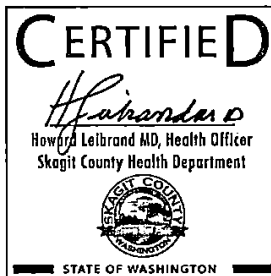
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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 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.
*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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