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04/01/2026 03:24 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
PIRKLE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY <i>Sena Thompson</i> DATE <i>4-1-26</i>

DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

N/A

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

CLIFF FRANKLIN BUTLER (Deceased)

ASSESSOR'S PARCEL NUMBER:

P75477 (4149-017-005-0003)

LEGAL DESCRIPTION:

The East Half of Lot 4, and all of Lot 5, Block 17,
Plat of Town of Sedro, according to the plat
thereof recorded in Volume 1 of Plats, page 17,
records of Skagit County, Washington.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-034094

DATE ISSUED: 07/30/2020
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): CLIFF FRANKLIN
LAST NAME(S): BUTLER

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: JULY 24, 2020
HOUR OF DEATH: 11:23 AM
SEX: MALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

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

RESIDENCE STREET: 715 JAMESON STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: WENATCHEE, WA

FATHER: PETE BUTLER
MOTHER: AMY [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CATHY THURMOND

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: PUBLIC WORKS SUPERINTENDANT
INDUSTRY: COUNTY PUBLIC WORKS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: JULY 30, 2020

INFORMANT: CATHY BUTLER
RELATIONSHIP: SPOUSE
ADDRESS: 715 JAMESON STREET, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: TIM D. POWELL

- CAUSE OF DEATH:
- A: AORTO ESOPHAGEAL FISTULA
INTERVAL: 3 DAYS
- B: ESOPHAGEAL CANCER
INTERVAL: 4 YEARS
- C:
INTERVAL:
- 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 RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: KEVIN S. LEE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY
CITY, STATE, ZIP: BELLINGHAM, WA 98225
DATE SIGNED: JULY 27, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: KEVIN LEE, MD

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ASHLEY GELEYNSE
DATE RECEIVED: JULY 28, 2020



Affidavit for Correction

04/01/2026 03:24 PM Page 3 of 3

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
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Required information must match current information on record

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:			

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 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 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.

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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD



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