



202606180035

06/18/2026 11:08 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.1890

JUN 18 2026

Amount Paid \$ 0

Skagit Co. Treasurer

By Lt Deputy

Document Title:
CERTIFICATE OF DEATH

Reference Number: 2026-024505

Grantor(s): additional grantor names on page ____

1. STATE OF WASHINGTON

2.

Grantee(s): additional grantee names on page ____

1. MARILYN RUTH MCGUIRE

2.

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

LOT 4, PLAT OF WILDERNESS VILLAGE, DIVISION NO. 1, AS PER PLAT RECORDED IN
VOLUME 10 OF PLATS, PAGES 48 THROUGH 50, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

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

P78187 / 4208-000-004-0008

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-024505

DATE ISSUED: 05/26/2026
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): MARILYN RUTH
LAST NAME(S): MCGUIRE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 08, 2026
HOUR OF DEATH: 06:00 PM

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 7295 SKAGIT VIEW DR
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

SEX: FEMALE AGE: 98 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 7295 SKAGIT VIEW DR
CITY, STATE, ZIP: CONCRETE, WA 98237-9343
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

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

FATHER: GREGORY SAMUEL POWELL
MOTHER: RUTH EVELY [REDACTED]

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHEYENNE, WYOMING

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

CITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: MAY 21, 2026

OCCUPATION: SCHOOL PSYCHOLOGIST
INDUSTRY: PUBLIC EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

INFORMANT: MATTHEW NEVARDS
RELATIONSHIP: SON
ADDRESS: 7295 SKAGIT VIEW DR, CONCRETE, WA 98237

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONER

CAUSE OF DEATH:
A: SENILE DEGENERATION OF THE BRAIN
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MALNUTRITION, REPEATED
FALLS, ANEMIA, OSTEOPOROSIS

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

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

CERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 12, 2026

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 20, 2026



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
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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 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 Record
- 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.



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 Amy Harley, Health Officer.

AJH

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



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