



202607090060

07/09/2026 03:15 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026 2152
JUL 09 2026

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By Bm Deputy

Document Title: Certificate of Death

Reference Number: AF No. 20211160016

Grantor(s): ☐ additional grantor names on page ____

1. State of Washington
- 2.

Grantee(s): ☐ additional grantee names on page ____

1. Allan Frank Damp
- 2.

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

Lot 70 Skyline No. 7 as per plat
thereof recorded in volume 9 of plats
pages 70 and 71 Records of Skagit County
Washington

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

P59653

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-023704

DATE ISSUED: 05/29/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ALLAN FRANK

LAST NAME(S): DAMP

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 22, 2019

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 5506 DOON WAY

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5506 DOON WAY

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 19 YEARS

BIRTH DATE: [REDACTED]

BIRTHPLACE: LEYLAND LANCASHIRE UNITED KINGDOM

FATHER/PARENT: ALLAN DAMP

MOTHER/PARENT: MARIAN [REDACTED]

MARITAL STATUS: MARRIED

SPOUSE: EILEEN NIXON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: ENGINEER

INDUSTRY: AVIATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 30, 2019

INFORMANT: EILEEN DAMP

RELATIONSHIP: WIFE

ADDRESS: 5506 DOON WAY, ANACORTES, WA, 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:

A: SUDDEN CARDIAC ARREST

INTERVAL: IMMEDIATE

B:

INTERVAL:

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: HELEN YOUNG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 912 32ND STREET, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: MAY 28, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 19SK0188

ATTENDING PHYSICIAN: HELEN YOUNG, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MAY 29, 2019



Affidavit for Correction

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	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 Legal 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)				
7. Return Mailing Address: P.O. 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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

MAY 29 2019

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

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


0 2 1 3 9 8 1 5