



202608130030

08/13/2026 10:34 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.2598
AUG 13 2026

Amount Paid ~~50~~
By Skagit Co. Treasurer
Deputy *LT*

Document Title:
DEATH CERTIFICATE

Reference Number : 202502180033

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

1. STATE OF WASHINGTON

2.

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

1. MYRA KAY MARTIN

2.

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

LOT 39, PLAT OF BRICKYARD CREEK DIVISION, ACCORDING TO THE PLAT THEREOF
RECORDED IN VOLUME 15 OF PLATS, PAGES 48 THROUGH 50, RECORDS OF SKAGIT
COUNTY, WASHINGTON.

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

102126

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 08/10/2026
FEE NUMBER:

CERTIFICATE NUMBER: 2026-038298

FIRST AND MIDDLE NAME(S): MYRA KAY
LAST NAME(S): MARTINCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 03, 2026
HOUR OF DEATH: 10:10 AM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: FAIRBURY, NEBRASKAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: FOOD SERVICE
INDUSTRY: SCHOOL DISTRICT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: APRIL WORTHEN
RELATIONSHIP: DAUGHTER
ADDRESS: 708 BRICKYARD BLVD, SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:
A: PRIMARY COLON CANCER TO THE DISTAL SIGMOID
INTERVAL: 1 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO LUNGS AND BONE

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 708 BRICKYARD BLVD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 708 BRICKYARD BLVD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARSFATHER: LISBON CARMICHAEL
MOTHER: DORIS [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 11, 2026

FUNERAL FACILITY: LEMLEY FUNERAL HOME

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: ALEXANDRA C. TIPPERYMANNER 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 APPLICABLECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 07, 2026CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 10, 2026

**Affidavit for Correction**

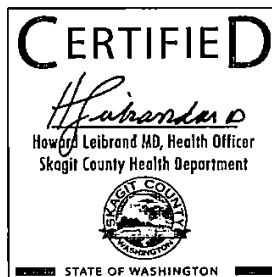
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 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	First	Middle
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 2 nd parent (if required):		
Printed name:		Printed name:		Date:
Date:		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.				
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.				
*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.				



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



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