



202608180018

08/18/2026 11:00 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20262644
AUG 18 2026

Amount Paid \$0
Skagit Co. Treasurer
By KO Deputy

Document Title: Death Certificate

Reference Number :

Grantor(s):

1. State of Washington

☐ additional grantor names on page ____

2.

Grantee(s):

1. Ronald tait (deceased)

☐ additional grantee names on page ____

2.

Abbreviated legal description:

☐ full legal on page(s) ____

The W 1168 FT of the S 1/2 of Lot 16, except the S 100 FT of the W 134 ft thereof, Block 136, First addition to Burlington, Skagit Co, Wash as per plat Recorded in Volume 3 of Plats, page 11, Records of Skagit County, Washington

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

072333

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2026-036648

LOCAL FILE NUMBER: 3482

DATE ISSUED: 08/11/2026
FEE NUMBER:FIRST AND MIDDLE NAME(S): RONALD
LAST NAME(S): TAIT

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: JULY 27, 2026

HOUR OF DEATH: 06:27 PM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: OKANOGAN, WASHINGTON

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CORRECTIONS OFFICER

INDUSTRY: LAW - ENFORCEMENT/JUDICIAL SYSTEM

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: JANE BURT

RELATIONSHIP: EXECUTOR

ADDRESS: 621 SOUTH SECTION STREET, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: CARDIOGENIC SHOCK

INTERVAL: 4 HOURS

B: SEPTIC SHOCK

INTERVAL: 2 DAYS

C: INTRAABDOMINAL INFECTION

INTERVAL: 4 DAYS

D: GASTRIC ISCHEMIA

INTERVAL: 30 DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPONATREMIA, ACUTE RENAL FAILURE, LIVER CIRRHOSIS, COAGULOPATHY

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: HOSPITAL

FACILITY OR ADDRESS: VALLEY HOSPITAL AND MEDICAL CENTER

CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216-1090

RESIDENCE STREET: 121 JOHN STREET

CITY, STATE, ZIP: OKANOGAN, WA 98840

INSIDE CITY LIMITS: NO

COUNTY: OKANOGAN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: WILLIAM TAIT

MOTHER: CLARA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: OKANOGAN COUNTY CREMATORY

CITY, STATE: OKANOGAN, WASHINGTON

DISPOSITION DATE: JULY 30, 2026

FUNERAL FACILITY: RIVER VALLEY FUNERAL AND CREMATION

ADDRESS: 2547 ELMWAY / P.O. BOX 1610

CITY, STATE, ZIP: OKANOGAN, WASHINGTON 98840

FUNERAL DIRECTOR: GLENN GRAVES

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: MATTHEW KENNEDY, DO

TITLE: DO

CERTIFIER ADDRESS: 12606 E. MISSION AVENUE

CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216

DATE SIGNED: JULY 28, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA DVORAK

DATE RECEIVED: JULY 29, 2026

Affidavit for Correction

08/18/2026 11:00 AM Page 2 of 3
 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	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) 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 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 forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

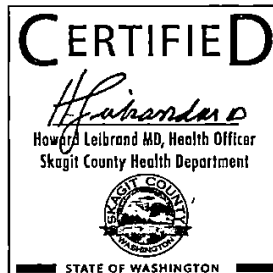
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 proof documentation.
- 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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