UNOFFICIAL DOCUMENT

202504040002
04/04/2025 09:22 AM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025-0960
APR 03 2025
Amount Paid $-0-
Skagit Co. Treasurer
By LT Deputy

Document Title:
DEATH CERTIFICATE

Reference Number : 2025-001912

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

1. STATE OF WASHINGTON

2.

Grantee(s): ☐ additional grantee names on page___.

1. SHERRY KAY DAY

2.

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

UNIT 12-B, CEDAR POINT, A CONDOMINIUM, AS PER SURVEY MAP AND PLANS RECORDED ON JANUARY 10, 2002 UNDER AUDITOR'S FILE NO. 200201100078 AND AS DESCRIBED IN DECLARATION RECORDED JANUARY 10, 2002, UNDER AUDITOR'S FILE NO. 200201100079 AND UNIT 47, THE CEDARS, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED FEBRUARY 2, 1998, UNDER AUDITOR'S FILE NO. ⊞

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

118758 & 112608

202504040002

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2025-001912**

DATE ISSUED: **01/17/2025**
FEE NUMBER: **37**

FIRST AND MIDDLE NAME(S): **SHERRY KAY**
LAST NAME(S): **DAY**

COUNTY OF DEATH: **WHATCOM**
DATE OF DEATH: **JANUARY 14, 2025**
HOUR OF DEATH: **05:35 PM**
SEX: **FEMALE** AGE: **82 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **PUYALLUP, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **GREG DAY**

OCCUPATION: **ACCOUNTANT/AUDITOR**
INDUSTRY: **ACCOUNTING/BOOKKEEPING**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **GREG DAY**
RELATIONSHIP: **HUSBAND**
ADDRESS: **1501 COLLINS RD #407, SEDRO WOOLLEY WA 98284**

CAUSE OF DEATH:
A: **NON TRAUMATIC CEREBROVASCULAR ACCIDENT**
INTERVAL: **6 DAYS**
B: **CEREBRAL AMYLOID ANGIOPATHY**
INTERVAL: **5 YEARS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **RECURRENT NON TRAUMATIC STROKES, HYPERTENSION, HYPERLIPIDEMIA, TOBACCO USE DISORDER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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: **HOSPICE FACILITY**
FACILITY OR ADDRESS: **2806 DOUGLAS AVE**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**

RESIDENCE STREET: **1501 COLLINS RD APT 407**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284-4303**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **2 MONTHS**

FATHER: **WILLIAM DENNIS**
MOTHER: **DONNA** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **SAFE HARBOR FUNERAL SERVICE**

CITY, STATE: **BLAINE, WASHINGTON**
DISPOSITION DATE: **JANUARY 19, 2025**

FUNERAL FACILITY: **WHATCOM CREMATION AND FUNERAL**

ADDRESS: **4202 GUIDE MERIDIAN #106**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98226**
FUNERAL DIRECTOR: **JEFFREY A. LAUGENOUR**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **YES**
PREGNANCY STATUS IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **KACI OSENGA, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **2800 AND 2806 DOUGLAS**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**
DATE SIGNED: **JANUARY 15, 2025**

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

LOCAL DEPUTY REGISTRAR: **DEBBIE HOLDEN**
DATE RECEIVED: **JANUARY 17, 2025**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

UNOFFICIAL DOCUMENT

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
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 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:		14b. Signature of 2nd 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 Acknowledgement 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.

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.

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