202606020019
06/02/2026 10:28 AM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20261673
Date 06/02/2026

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

ANDREWS, SCOTT A.

☐ *Additional names on page _____ of document*

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

☐ *Additional names on page _____ of document*

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

LOT 63, HILLTOP HAVEN

☐ *Additional legal on page _____ of document*

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P81339; 4393-000-063-0001

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

☐ *Additional reference numbers on page _____ of document*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2026-019495**

DATE ISSUED. **04/30/2026**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **SCOTT ALAN**
LAST NAME(S): **ANDREWS**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **APRIL 22, 2026**
HOUR OF DEATH: **03:06 AM**
SEX: **MALE** AGE: **67 YEARS**
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [redacted]
BIRTHPLACE: **SULLIVAN, INDIANA**

MARITAL STATUS. **MARRIED**
SURVIVING SPOUSE: **MARY MAE HARDT**

OCCUPATION: **ENVIRONMENTAL PLANNER**
INDUSTRY. **ENVIRONMENTAL**
EDUCATION: **DOCTORATE OR PROFESSIONAL DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **MARY MAE HARDT**
RELATIONSHIP: **SPOUSE**
ADDRESS. **119 N 39TH PLACE, MOUNT VERNON, WASHINGTON, 9827**

CAUSE OF DEATH:
A. **PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY**
INTERVAL: **2 MONTHS**
B: **MANTLE CELL LYMPHOMA**
INTERVAL: **3 YEARS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **119 N. 39TH PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

RESIDENCE STREET: **119 N. 39TH PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION. **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **25 YEARS**

FATHER: **ROLLIN DAVID ANDREWS III**
MOTHER:

METHOD OF DISPOSITION: **NATURAL ORGANIC REDUCTION**
PLACE OF DISPOSITION: **EARTH SERVICES INC**

CITY, STATE: **AUBURN, WASHINGTON**
DISPOSITION DATE: **MAY 15, 2026**

FUNERAL FACILITY: **EARTH SERVICES INC**

ADDRESS: **4620 B ST NW SUITE 102**
CITY, STATE. ZIP: **AUBURN, WASHINGTON 98001**
FUNERAL DIRECTOR: **CARLA M. ROBERTSON**

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: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **APRIL 22, 2026**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **APRIL 23, 2026**

NOT VALID IF PHOTOCOPIED OR ALTERED

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.

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)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	Middle / Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

7. Return Mailing Address: City 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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.

CERTIFIED
CLARK COUNTY PUBLIC HEALTH

Alan Melnick, MD, MPH, CPH
Health Officer

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