

Return To:

Patricia West
11818 E 36th Ave
Spokane WA

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/08/2026

Document Type: Death Certificate

Grantor(s) – Robert Roy Watson

Grantee(s) - The Public

Legal Description – Lot 15 Block 2 Norris Addition to Burlington

Assessor's Parcel Number - P72774/4091-002-015-0019

Reference Number(s) of related documents

The Auditor/Recorder will rely on the information provided on this cover sheet. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Fee for non-standard processing is \$50.00.

Signature of Requesting Party (Required for non-standard recordings only)

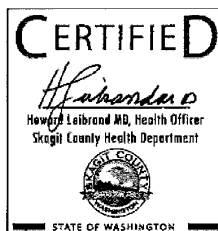
STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2026-013037	DATE ISSUED: 03/20/2026 FEE NUMBER:
FIRST AND MIDDLE NAME(S): ROBERT ROY LAST NAME(S): WATSON	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: MARCH 17, 2026 HOUR OF DEATH: 02:40 PM SEX: MALE AGE: 67 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOSPITAL FACILITY OR ADDRESS: PEACEHEALTH UNITED GENERAL HOSPITAL CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 122 N MCKINLEY ST CITY, STATE, ZIP: BURLINGTON, WA 98233-1019 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 14 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: MOUNT VERNON, WASHINGTON	FATHER: STANLEY WATSON MOTHER: EVA [REDACTED]
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY
OCCUPATION: LABORER INDUSTRY: FARMING/AGRICULTURE - CROPS EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO	CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: MARCH 19, 2026
INFORMANT: PATRICIA WEST RELATIONSHIP: SISTER ADDRESS: 11818 E 36TH ST, SPOKANE VALLEY, WA, 99206	FUNERAL FACILITY: HAWTHORNE FUNERAL HOME ADDRESS: PO BOX 398 CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 FUNERAL DIRECTOR: HELEANA FOLEY
CAUSE OF DEATH: A: CHOLANGIOCARCINOMA INTERVAL: 2 MONTHS B: INTERVAL: C: INTERVAL: D: INTERVAL:	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
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: EDUARDO GOO, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284 DATE SIGNED: MARCH 19, 2026
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: MARCH 19, 2026
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH422-132SKAGIT (2/22)

 Affidavit for Correction		Mail to: 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	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: _____ 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		MM/DD/YYYY	(City or County)
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:			
P.O. Box _____ 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:	
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		Adult (18 years or older)	
• 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.		• 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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