202607200067
07/20/2026 02:30 PM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor

UNOFFICIAL DOCUMENT

File for record and return to:
Stiles & Lehr Inc., P.S.
P. O. Box 228
Sedro-Woolley, WA 98284

DOCUMENT TITLE:	Death Certificate
Reference Document:	NONE
Grantor(s):	Janice Hamilton & Neil Hamilton, Co-Personal Representatives of the Estate of Lynn Hamilton
Grantee(s):	Janice Hamilton
Abbreviated legal:	1. LT 12, NELSON-OSLON REPLAT, LTS 14 & 17, BLK 138 2. LT 13, NELSON-OLSON REPLAT, LTS 14 & 17, BLK 138
Parcel / Tax ID Number:	1. P72757 / 4090-000-012-0017 2. P72758 / 4090-000-013-0008

202607200067

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-040452

DATE ISSUED: 08/21/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD ALLEN
LAST NAME(S): HAMILTON
AKA: RICK HAMILTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 18, 2024
HOUR OF DEATH: 02:46 PM FOUND
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: TACOMA, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LYNN ADELE SCHMIDT

OCCUPATION: DRIVER - TRUCK
INDUSTRY: GAS AND OIL DISTRIBUTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: LYNN ADELE HAMILTON
RELATIONSHIP: WIFE
ADDRESS: 1309 STATE ROUTE 20, BURLINGTON, WA 98233

CAUSE OF DEATH:
A: PERFORATING GUNSHOT WOUND OF CHEST
INTERVAL: SECONDS TO MINUTES
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: AUGUST 18, 2024
HOUR OF INJURY: 02:46 PM FOUND
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 1309 STATE ROUTE 20

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: SHOT SELF WITH PISTOL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1309 STATE ROUTE 20
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1309 STATE ROUTE 20
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 57 YEARS

FATHER: ALLEN GUY HAMILTON
MOTHER: RUBY [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 23, 2024

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: SUICIDE
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: CAITLYN J. BORTHWICK, INVESTIGATOR
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 19, 2024

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 240818-589
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: AUGUST 21, 2024

DOH422-132SKAGIT (2/22)

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.

*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.

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.

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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED
Howard Leibrand MD, Health Officer
Skagit County Health Department
SKAGIT COUNTY WASHINGTON
STATE OF WASHINGTON

0 6 7 9 0 0 1 2

UNOFFICIAL DOCUMENT