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09/11/2026 12:09 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.2989
SEP 11 2026

Amount Paid \$-0
Skagit Co. Treasurer
By *LS* Deputy

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. STATE OF WASHINGTON

2.

Grantee(s):

☐ additional grantee names on page ____.

1. KATHRYN ALEXANDRA AKA KATHY ALEXANDRA SMITH

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LOT B OF SHORT PLAT NO 93-054, AS APPROVED NOVEMBER 4, 1994 AND RECORDED
NOVEMBER 4, 1994 IN VOLUME 11 OF SHORT PLATS, PAGE 139, UNDER
AF#9411080001, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF
THE NORTHWEST QUARTER OF SECTION 14, TOWNSHIP 34 NORTH, RANGE 1 EAST,
W.M. 

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

109910

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-032391

DATE ISSUED: 07/07/2026

FEE NUMBER: 223495203

FIRST AND MIDDLE NAME(S): KATHRYN

LAST NAME(S): ALEXANDRA

AKA: KATHY ALEXANDRA SMITH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 27, 2026

HOUR OF DEATH: 06:58 PM

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: 559-58-0362

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 08, 1942

BIRTHPLACE: HOLLYWOOD, CALIFORNIA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: NURSE - OTHER OR UNSPECIFIED

INDUSTRY: HEALTHCARE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: DAVID SMITH

RELATIONSHIP: BROTHER

ADDRESS: 64 DANGER ROCKS DR., FRIDAY HARBOR WA 98250

CAUSE OF DEATH:

A: OSTEOMYELITIS OF VERTEBRAE

INTERVAL: 12 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHONDROCALCINOSIS,
CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS, HISTORY OF
ESTROGEN RECEPTOR POSITIVE MALIGNANT NEOPLASM OF BREAST

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

AKA:

AKA:

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 4311 GINNETT ROAD

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4311 GINNETT RD

CITY, STATE, ZIP: ANACORTES, WA 98221-8581

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: EDGAR NEWELL SMITH

MOTHER: MARY LAURA HAHN

METHOD OF DISPOSITION: NATURAL ORGANIC REDUCTION

PLACE OF DISPOSITION: RECOMPOSE, PBC

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JULY 07, 2026

FUNERAL FACILITY: RECOMPOSE PBC

ADDRESS: 4 SOUTH IDAHO ST.

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98134

FUNERAL DIRECTOR: JORDANA HALL

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: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 30, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JULY 06, 2026

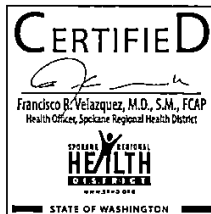
**Affidavit for Correction**

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
Required information must match current information on record				
Required	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(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)	
	First Middle Last/Maiden	First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital				
Person on Record: ☐ 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 2 nd parent (if required):		
Printed name:		Printed name:		Date:
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:				
<ul style="list-style-type: none"> • 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).				
<div style="display: flex; justify-content: space-between;"> <div> Child under 18 <ul style="list-style-type: none"> • 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. </div> <div> Adult (18 years or older) <ul style="list-style-type: none"> • 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. </div> </div>				
*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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