



202610050061

10/05/2026 02:32 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.3288
OCT 05 2026

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By LT Deputy

Document Title:
CERTIFICATE OF DEATH

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Delores Faye Powell

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

(0.2300 AC) LOTS 11 AND 12, BLOCK 102, PLAT OF THE TOWN OF SEDRO, SKAGIT
COUNTY, W.T., AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 18, RECORDS
OF SKAGIT COUNTY, WASHINGTON.

Assessor Parcel / Tax ID Number:

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

P761952 / 4152-102-012-0008

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-028300

DATE ISSUED: 06/09/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOLORES FAYE

LAST NAME(S): POWELL

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: JUNE 03, 2025

HOUR OF DEATH: 05:20 PM

SEX: FEMALE AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CROCKETT, TX

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: TERRY POWELL

OCCUPATION: HOMEMAKER

INDUSTRY: HOME/PRIVATE HOUSEHOLD

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: TERRY POWELL

RELATIONSHIP: HUSBAND

ADDRESS: 702 MARSHALL STREET, SEDRO-WOOLLEY, WA, 98284

CAUSE OF DEATH:

A: INTRACRANIAL BLEED

INTERVAL: 3 DAYS

B: MULTIFOCAL CARDIOEMBOLIC CEREBRAL INFARCTION

INTERVAL: 5 DAYS

C: MYOCARDIAL INFARCTION WITH SUSPECTED ATRIAL FIBRILLATION

INTERVAL: MORE THAN 5 DAYS

D: HYPERTENSION, HYPERLIPIDEMIA AND IMPAIRED FASTING GLUCOSE

INTERVAL: DECADES

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: HOSPICE FACILITY

FACILITY OR ADDRESS: 2806 DOUGLAS AVE

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 702 MARSHALL ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-1946

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: ARTHUR TILLEY

MOTHER: NORMA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 06, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: HELEANA FOLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MEGAN B. ELLINGSEN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: JUNE 04, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TREVER MULLINS

DATE RECEIVED: JUNE 06, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

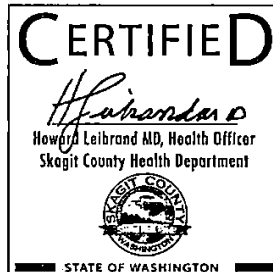
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P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Required	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	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
6. Name of Person Requesting Correction:		Relationship to Person on Record: ☐ 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:		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		Adult (18 years or older)		
• If legal guardian(s), include certified court order proving guardianship.		• Only the adult can change his or her birth certificate.		
• 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.		• If the first or middle name is missing, three pieces of proof documentation are required.		
• No proof is required to change the first or middle name.*		• 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 information, one proof documentation is required.		• To correct parent's birth date, place of birth, or name, 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.				
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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