



202610130126

10/13/2026 11:41 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.3358

OCT 13 2026

Amount Paid \$ 0

Skagit Co. Treasurer

By Deputy

Document Title:

DEATH CERTIFICATE

Reference Number: 202610130122

Grantor(s):

☐ additional grantor names on page ____.

1. STATE OF WASHINGTON

2.

Grantee(s):

☐ additional grantee names on page ____.

1. ROBERT W NICKERSON

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

THE WEST 10 FEET OF LOT 9 AND ALL OF LOT 10, BLOCK 8, AMENDED PLAT OF
SHANNON'S FIRST ADDITION TO THE CITY OF ANACORTES, AS PER PLAT RECORDED
IN VOLUME 3 OF PLATS, PAGE 8, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor Parcel / Tax ID Number:

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

58895

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-047011

DATE ISSUED: 10/05/2026

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT WARREN
 LAST NAME(S): NICKERSON

COUNTY OF DEATH: SKAGIT
 DATE OF DEATH: SEPTEMBER 25, 2026
 HOUR OF DEATH: 03:30 PM
 SEX: MALE AGE: 70 YEARS
 SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
 BIRTHPLACE: BREMERTON, WASHINGTON

MARITAL STATUS: MARRIED
 SURVIVING SPOUSE: DEBRA VIANE BROOME

OCCUPATION: OPERATOR
 INDUSTRY: REFINERY
 EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
 US ARMED FORCES: NO

INFORMANT: DEBRA V NICKERSON
 RELATIONSHIP: WIFE
 ADDRESS: 2607 Q AVE, ANACORTES, WA 98221

CAUSE OF DEATH:
 A: CONGESTIVE HEART FAILURE
 INTERVAL: 15 YEARS
 B: SEVERE IDIOPATHIC NON-ISCHEMIC CARDIOMYOPATHY
 INTERVAL: 15 YEARS
 C:
 INTERVAL:
 D:
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, TYPE 2 DIABETES MELLITUS,
 RHEUMATOID ARTHRITIS

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: 2607 Q AVE
 CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2607 Q AVE
 CITY, STATE, ZIP: ANACORTES, WA 98221
 INSIDE CITY LIMITS: YES COUNTY: SKAGIT
 TRIBAL RESERVATION: NOT APPLICABLE
 LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: FREDERICK NICKERSON
 MOTHER: ELOISE [REDACTED]

METHOD OF DISPOSITION: CREMATION
 PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
 DISPOSITION DATE: SEPTEMBER 29, 2026

FUNERAL FACILITY: SKAGIT CREMATION SERVICES LLC

ADDRESS: PO BOX 433
 CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
 FUNERAL DIRECTOR: COLE B. ERIKSON

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: LISSA ANDERSON, MD
 TITLE: PHYSICIAN
 CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
 CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
 DATE SIGNED: SEPTEMBER 28, 2026

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
 DATE RECEIVED: SEPTEMBER 29, 2026

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

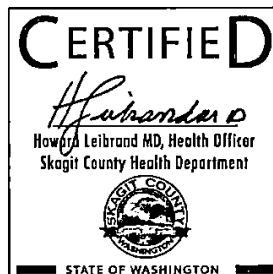
10/13/2026 11:41 AM Page 3 of 3
 Vital Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	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	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
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
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:		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 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.				
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.



0 7 2 0 8 7 4 3