

Return Address:

Lawrence A. Pirkle
321 W. Washington, #300
Mt. Vernon, WA. 98273
(360) 336-6547



200106050153

Skagit County Auditor

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Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Certificate of Death
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) (Last name first, then first name and initials)

1. State of Washington
- 2.
- 3.
- 4.

☐

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)

1. Spanki, William Edward
- 2.
- 3.
- 4.

☐

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

☐

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

☒

Assessor Tax # not yet assigned

4162-000-007-0009

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

314
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: WILLIAM Middle: EDWARD Last: SPANSKI				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) April 29, 2001	
4. AGE LAST BIRTHDAY (Yrs) 79		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Stephens, MN		8. BIRTHPLACE (City, State or Foreign Country)	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Skagit Valley Hospital - ER			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (If wife, give maiden name) Lena Eberli		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fireman				19. KIND OF BUSINESS OR INDUSTRY Lumber Mill		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
21. RACE (Specify) White				22. RESIDENCE — NUMBER AND STREET 817 Chester Avenue			
23. CITY/TOWN, OR LOCATION Sedro-Woolley				24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 45 yrs				26. STATE WA		27. ZIP CODE 98284	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Theodore Spanski				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Caroline [REDACTED]			
30. INFORMANT — NAME Lena Spanski				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 817 Chester Avenue Sedro-Woolley, WA 98284			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial				33. DATE (Mo, Day, Yr) May 3, 2001		34. CEMETERY/CREMATORY — NAME Union Cemetery	
35. LOCATION — CITY/TOWN, STATE Sedro-Woolley, Washington				36. FUNERAL DIRECTOR SIGNATURE <i>Richard Lemley</i>			
37. NAME OF FACILITY Lemley Chapel				38. ADDRESS OF FACILITY 1008 3rd St. Sedro-Woolley, WA 98284		39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X	
40. DATE SIGNED (Mo, Day, Yr) April 30, 2001				41. HOUR OF DEATH (24 Hrs) 1853 hrs		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stevan Luther, MD				44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 830 Ball Street Sedro-Woolley, WA 98284				47. PRONOUNCED DEAD (Mo, Day, Yr)		48. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.							
A. Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 2 hrs			
B. [REDACTED]				INTERVAL BETWEEN ONSET AND DEATH			
C. [REDACTED]				INTERVAL BETWEEN ONSET AND DEATH			
D. [REDACTED]				INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Prostate Cancer							
52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)	
56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:		58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>		63. DATE RECEIVED (Mo, Day, Yr) MAY 1 2001	



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AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth); HUSBAND (if Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (if Birth); WIFE (if Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



200106050153
 , Skagit County Auditor

Skagit County Health Department
 Howard Leibrand M.D., Health Officer

H. Leibrand
 Date Issued

MAY 2 2001

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