



200201230084

Skagit County Auditor

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Return Address:

Lawrence A. Pirkle
321 W. Washington, #300
Mt. Vernon, WA 98273
(360) 336-1657

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. ASHBY, Vernon Wilbur
- 2.
- 3.
- 4.

Additional names on page _____ of document.

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

LOT 6, Skyline 8

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

Assessor Tax # not yet assigned P-59662

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



200201230084

Skagit County Auditor

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TYPE OR PRINT IN PERMANENT BLACK INK

68
LOCAL FILE NUMBER

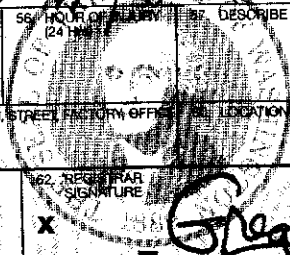


CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: VERNON Middle: WILBUR Last: ASHBY			2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) January 22, 2001
4. AGE LAST BIRTHDAY (Yrs) 79	5. UNDER 1 YEAR MOS 79	6. UNDER 1 DAY HOURS 79	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Glendora, CA
11. CITY, TOWN OR LOCATION OF DEATH Bellingham			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	13. COUNTY OF DEATH Whatcom
12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Shuksan Healthcare Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Gretchen Agnes Totushek	16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) [REDACTED] College (1-4 or 5+) 4
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Forest Ranger	19. KIND OF BUSINESS OR INDUSTRY California State	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) Caucasian
22. RESIDENCE — NUMBER AND STREET 5201 Kingsway	23. CITY/TOWN, OR LOCATION Anacortes	24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 20 Yr.
26. STATE WA		27. ZIP CODE 98221		
28. FATHER'S NAME — FIRST, MIDDLE, LAST Robert T. Ashby			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Gladys [REDACTED]	
30. INFORMANT — NAME Gretchen A. Ashby		31. MAILING ADDRESS STREET OR RFD NO. 5201 Kingsway, Anacortes, WA CITY OR TOWN 98221 STATE WA ZIP 98221		
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) 01/24/2001	34. CEMETERY/CREMATORY — NAME Greenacres Crematory		35. LOCATION — CITY/TOWN, STATE Ferndale, WA
36. FUNERAL DIRECTOR SIGNATURE <i>David O. Case</i>		37. NAME OF FACILITY Jones-Moles Funeral Home		38. ADDRESS OF FACILITY 2465 Lakeway, Bellingham, WA
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>Mark Lindenbaum MD</i>			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	
40. DATE SIGNED (Mo, Day, Yr) 1/22/01	41. HOUR OF DEATH (24 Hrs) 0835	44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mark Lindenbaum, M.D., 4545 Cordata Pkwy., Bellingham, WA 98226			46. PRONOUNCED DEAD (Mo, Day, Yr)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Mark Lindenbaum, M.D., 4545 Cordata Pkwy., Bellingham, WA 98226			49. 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. Congestive heart failure	INTERVAL BETWEEN ONSET AND DEATH unknown		
	B. CAD	INTERVAL BETWEEN ONSET AND DEATH unknown		
	C. Diabetes Mellitus	INTERVAL BETWEEN ONSET AND DEATH unknown		
	D.	INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: multorgan failure 2° to CAD			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) [REDACTED]			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE <i>Greg Stern MD</i>	
			63. DATE RECEIVED (Mo, Day, Yr) JAN 24 2001	



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 _____	

DOH 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 executors/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.



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CHARLES R. BOHANNON
 DIRECTOR
 SKAGIT COUNTY HEALTH DEPT.

JAN - 2 2002

DO NOT DESTROY

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