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Skagit County Auditor

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Death Certificate

Reference Number :

Grantor(s):

additional grantor names on page ____

1. Wash. State of

2.

Grantee(s):

additional grantee names on page ____

1. Warren Michael Kent

2.

Abbreviated legal description:

full legal on page(s) ____

SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 20,
TOWNSHIP 36 NORTH, RANGE 4 EAST.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____

360-420-3-016-0022

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

253-02
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: Michael Middle: Kent Last: Warren				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) 04/05/2002	
4. AGE LAST BIRTHDAY (Yrs) 58		5. UNDER 1 YEAR MOS. DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Beatrice, NB	
11. CITY, TOWN OR LOCATION OF DEATH Burlington		12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSPR. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 3776 Old Highway 99 North				13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Willamae (nmm) Ashe		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Technician		19. KIND OF BUSINESS OR INDUSTRY City Water Treatment		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 3776 Old Highway 99 North		23. CITY/TOWN, OR LOCATION Burlington		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
26B. LENGTH OF RES. IN CO. 28 yrs.		26. STATE WA		27. ZIP CODE 98233			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Orville Cecil Warren				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Doris Lucille [REDACTED]			
30. INFORMANT — NAME Willamae Warren			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 3776 Old Highway 99 North, Burlington, WA 98233				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 4/10/02		34. CEMETERY/CREMATORY — NAME Burlington Cemetery		35. LOCATION — CITY/TOWN, STATE Burlington, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Hulbush Funeral Home		38. ADDRESS OF FACILITY 281 S. Burlington Blvd., Burlington, WA, 98233			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 X <i>[Signature]</i> MD				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) 04-05-2002		41. HOUR OF DEATH (24 Hrs) App 0715		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)				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) C.J. Kuan, MD, 1513 E Street, Bellingham WA 98226						49. ME/CORONER FILE NUMBER Case No 044-02	
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. Idiopathic cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 4 years	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. End stage kidney disease						52. AUTOPSY? (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 x Dorothy Epps, deputy			63. DATE RECEIVED (Mo, Day, Yr) APR - 8 2002	



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DOH-01-003 (5/99)

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 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.**

CERTIFIED

APR 09 2002

Howard Leibrand

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

II00365001



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Skagit County Auditor