



200311190046

Skagit County Auditor

11/19/2003 Page 1 of 3 1:11PM

DOCUMENT TITLE:

Certificate of Death

Reference Number:

Grantor(s):

additional Grantor names on page _____.

1. *Washington State of*

2.

Grantee(s):

additional Grantor names on page _____.

1. *Stanley M. Knapp*

2.

Abbreviated legal description:

full legal on page(s) _____.

Legal Description: Lot 17, "Plat of Vedere Terrace", according to the plat thereof recorded in Volume 7 of Plats, page 84, records of Skagit County, Washington.

Assessor's Parcel / Tax ID Number:

additional tax parcel number(s) on page _____.

4035-000-017-0002

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

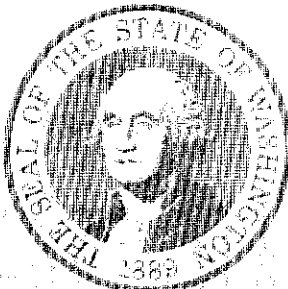
856-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last Stanley Merrill Knapp				2. SEX (M/F) Male	3. DEATH DATE (Mo., Day, Yr.) October 18, 2003
4. AGE LAST BIRTH DAY (Yrs.) 82	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTH DATE (Mo., Day, Yr.)	8. BIRTH PLACE (City, State or Foreign Country) Buffalo, NY	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes
10. COUNTY OF DEATH Skagit		11. CITY, TOWN OR LOCATION OF DEATH Burlington			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 17026 Marlee Drive
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) Nancy Rae Jenkins	
16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (11-4 or 5+) 4		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Executive Management	
19. KIND OF BUSINESS OR INDUSTRY Plastics		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 17026 Marlee Drive		23. CITY/TOWN, OR LOCATION Burlington	24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 33 Yrs
26. STATE WA		27. ZIP CODE 98233		28. FATHER'S NAME — FIRST, MIDDLE, LAST Stanley Merrill Knapp	
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Bessie Ellen [REDACTED]		30. INFORMANT — NAME Nancy Rae Knapp		31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP 17026 Marlee Drive Burlington, WA 98233	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr.) Oct. 22, 2003	34. CEMETERY/CREMATORY — NAME BIO-GIFT Anatomical, Inc.		35. LOCATION — CITY/TOWN, STATE TIGARD, OREGON
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY First Call Plus of WA, LLC		38. ADDRESS OF FACILITY 526 19th Ave. E. Seattle, WA 98112	
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 <i>[Signature]</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.) 10/22/03		41. HOUR OF DEATH (24 Hrs.) 0200		44. DATE SIGNED (Mo., Day, Yr.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Robert Raish		46. PRONOUNCED DEAD (Mo., Day, Yr.)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER, EXAMINER OR CORONER (Type or Print) Jakow G. Diener M.D., 1415 E. Kincaid St. Mount Vernon, WA 98274		49. ME/CORONER FILE NUMBER NJA-281		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Metastatic Prostate Cancer 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. B. _____ C. _____ D. _____	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES	
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.) OCT 22 2003	



200311190046
Skagit County Auditor

Affidavit for Correction

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
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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 certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

OCT 23 2003



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Skagit County Auditor

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