

RETURN ADDRESS

GARY T. JONES
JONES & SMITH
P.O. Box 1245
Mount Vernon WA 98273



200409240100
Skagit County Auditor

9/24/2004 Page 1 of 3 12:45PM

Please print neatly or type information

Document Title(s)

WASHINGTON STATE CERTIFICATE OF DEATH

Reference Numbers(s) of related documents

9706030018 Quit Claim Deed
9811060081 Community Property Agreement

Additional Reference #'s on page

Grantor(s) (Last, First and Middle Initial)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Additional grantors on page

Grantee (Last, First and Middle Initial)

McELDOON, LLOYD RAYMOND

Grantee's Spouse (Last, First and Middle Initial)

McELDOON, JOAN E.

Additional grantees on page

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

AEMMER ADD TO MOUNT VERNON, ACRES 0.96, LOTS 13, 14, & 15, EXCEPT THE WEST 110 FEET OF LOTS 13 & 15.

Additional legal is on page

Assessor's Property Tax Parcel/Account Number

P61670 / 3853-000-015-0005

Additional parcel #'s on page

The Auditor/Recorder will rely on the information provided on this 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

Local File Number 6666-04		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Lloyd Raymond McEldoon				2. Death Date Sept 9, 2004		
3. Sex (M/F) M	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. [Redacted]		
6a. Birthplace (City, Town, or County) Lockhart		6b. (State or Foreign Country) Minnesota		6. County of Death Skagit		
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 1924 Aemmer Street				13b. City or Town Mount Vernon		
13c. Residence: County Skagit		13d. Urnal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98274-
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 29y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Joan Bach
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). Operations				18. Kind of Business/Industry (Do not use Company Name) Shell Oil Refinery		
19. Father's Name (First, Middle, Last, Suffix) Lloyd R McEldoon				20. Mother's Name (First, Middle, Last) Esther [Redacted]		
21. Informant's Name Joan McEldoon		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1924 Aemmer Street Mount Vernon WA 98274-		
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name (if not a facility, give number & street or location): Skagit Valley Hospital		
25a. City, Town, or Location of Death Mount Vernon		25b. State WA		25c. Zip Code 98274		
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington		
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398				32. Date of Disposition Sep 13, 2004		
33. Funeral Director Signature X <i>[Signature]</i>						
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Aspiration pneumonia		Interval between Onset & Death Weeks		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Squamous Cell Cancer of Larynx		Interval between Onset & Death 6 months		
		c.		Interval between Onset & Death		
		d.		Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Tobacco use				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MMDDYYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of his knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination and investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Charles Kotral MD 1400 E. Kincaid, Mount Vernon, WA 98274				50. Hour of Death (24hrs) 1700		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MMDDYYYY) 09/10/04		
53. Title of Certifier Dr.		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature Deborah Epps				58. Date Received (MMDDYYYY) SEP 10 2004		
59. Amendments						



200409240100
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 forgoing 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 | Medical Record | School Record |
| | Hospital Records | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| | Insurance Records | Birth Record | Alien Registration Card (front and back) |
| | Marriage/Divorce Records | Passport | |

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

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

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

SEP 13 2004



200409240100
Skagit County Auditor

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

LL00421413