



200704020007

Skagit County Auditor

4/2/2007 Page 1 of 3 8:48AM

First American Title
Cleveland Ohio

Document Title: Death Certificate

Reference Number:

Grantor(s):

additional grantor names on page ___

1. Wash State of

2.

Grantee(s):

additional grantee names on page ___

1. Brown, Kenneth E

2.

Abbreviated legal description:

full legal on page(s) ___

Lot 71 mt Baker View Add

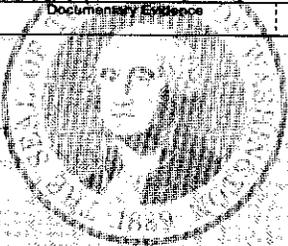
Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P 53816

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 677		Washington State Certificate of Death			State File Number 4 22820	
1. Legal Name (include AKA's if any) Kenneth Eugene Brown				2. Death Date June 23, 2004		
3. Sex (M/F) M		4a. Age - Last Birthday 76	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number [REDACTED]	6. County of Death Whatcom
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Bellingham		8b. (State or Foreign Country) WA	9. Decedent's Education 12 th grade graduate	
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.) 3807 E College Way				13b. City or Town Mount Vernon		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98273-	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 1 year		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Plant Operator				18. Kind of Business/Industry (Do not use Company Name). Shell Oil Refinery		
19. Father's Name (First, Middle, Last, Suffix) Glenn Brown			20. Mother's Name Before First Marriage (First, Middle, Last) Lucy [REDACTED]			
21. Informant's Name Steve Brown		22. Relationship to Decedent Son	23. Mailing Address: Number & Street or RFD No. City or Town State Zip 350 40th St. Bellingham, WA 98229-3021			
24. Place of Death, if Death Occurred in a Hospital: Bellingham Health Care And Rehab				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home		
25. Facility Name (if not a facility, give number & street) Bellingham Health Care And Rehab			26a. City, Town, or Location of Death Bellingham		26b. State WA	27. Zip Code 98225-
28. Method of Disposition Cremation		29. Place of 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 6/25/04	
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. Massive CVA			Interval between Onset & Death 1 day	
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.			Interval between Onset & Death	
		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 COPD, Hypertension, PVD, Parkinson's					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 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"/> Pregnant at time of death		39. If female <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
46. Describe how injury occurred						
48a. Certifying Physician - (On the basis of your knowledge, death occurred at the time, date, and place stated.) Robert Stewart 7-8-04				48b. Medical Examiner/Coroner - (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and death's cause(s) and manner stated.) [REDACTED]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Stewart 2950 Squalicum Parkway, Bellingham, WA 98225					50. Hour of Death (24hrs) 20:15 PM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Certified (MM/DD/YYYY) 6-24-04	
53. Title of Certifier Physician Assistant		54. License Number PA 10004165		55. ME/Coroner File Number	56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) 06-25-2004		
59. Record Amendment						




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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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.

DOH/CHS 023 (Rev. 9/2002)



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OCT 18 2006

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