

WHEN RECORDED RETURN TO:

Law Office Of  
**LAWRENCE A. PIRKLE**  
321 West Washington, Suite 300  
Mount Vernon, Washington 98273  
(360) 336-6587



200706290135  
Skagit County Auditor

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**DOCUMENT TITLE(S)**

*Certificate of Death*

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR(S):**

*State of Washington*

**GRANTEE(S):**

*Robert R. McCulla*

**ABBREVIATED LEGAL DESCRIPTION:**

*the Ridge at Maddox Creek a Condominium, Phase 1,  
AF # 200309120222, Bldg 1, Unit 302, Being a  
Portion of Lot B12, Located in NEY4 of Section 28.*

**TAX PARCEL NUMBER(S):**

*P120842 4822-001-302-0000*

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>2939</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>Robert Rohlif McCulla</b>				2. Death Date <b>Oct. 19, 2006</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>88</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number	6. County of Death <b>Snohomish</b>
7. Birthdate	8a. Birthplace (City, Town, or County) <b>Waverly</b>	8b. (State or Foreign Country) <b>Iowa</b>	9. Decedent's Education <b>BS Degree</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1416 Lindsey Loop #302</b>				13b. City or Town <b>Mount Vernon</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98274</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>1 1/2 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Jeanne Rue Thompson</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Electrical Engineer</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Aerospace</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Leslie G. McCulla</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Elsie</b>		
21. Informant's Name <b>Jeanne McCulla</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number & Street or RFD No. City or Town State Zip <b>1416 Lindsey Loop #302, Mt. Vernon, WA 98274</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Nursing Home</b>					
25. Facility Name (If not a facility, give number & street or location) <b>Regency Care Center</b>			26a. City, Town, or Location of Death <b>Arlington</b>	26b. State <b>WA</b>	27. Zip Code <b>98223</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Seattle Service Group</b>		30. Location: City/Town, and State <b>Everett, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Weller Funeral Home, 327 N. MacLeod Ave., Arlington, WA 98223</b>				32. Date of Disposition <b>10-24-2006</b>	
33. Funeral Director Signature X <i>Daniel K. Hume</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. <b>CVA</b>			Interval between Onset & Death <b>1 week</b>		
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. <b>Arrial Fibrillation</b>			Interval between Onset & Death <b>11 years</b>		
c. <b>Coronary Artery Disease</b>			Interval between Onset & Death <b>14 years</b>		
d.			Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Pneumonia</b>				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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <b>City or Town: County: State: Zip Code + 4:</b>				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 my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>James R. Fletcher</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or 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) <b>James R. Fletcher MD, 875 Wesley St., #250, Arlington, WA</b>			98223	50. Hour of Death (24hrs) <b>12:00</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) <b>10/19/06</b>		
53. Title of Certifier <b>MD</b>		54. License Number <b>ND00025541</b>	55. ME/Coroner File Number <b>NJA: 06SN2719</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>M. Wanda Hume</i>				58. Date Received (mm/dd/yyyy) <b>OCT 23 2006</b>	
59. Amendments					



**200706290135**  
**Skagit County Auditor**

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

**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:

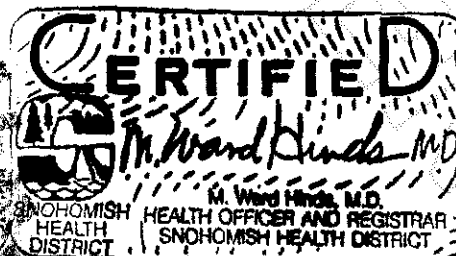
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



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OCT. 26. 2006