

Return Address:

Equity Loan Services, Inc.
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
Attn: National Recording



200812220002
Skagit County Auditor

12/22/2008 Page 1 of 3 8:39AM

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

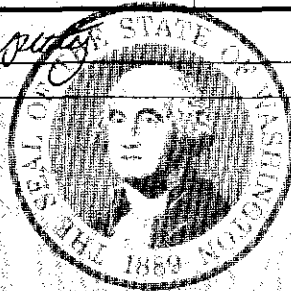
Document Title (s) (or transactions contained therein): (all areas applicable to your document Must be filled in) <p style="text-align: center;">DEATH CERTIFICATE</p>
Reference Number(s) of Documents assigned or released: _____
Grantor (s) (Last name, first name, initials) JOSEPH LEWIS WA state of Cyndi Ann Lewis deceased
Grantee (s) (Last name first, then first name and initials) <input checked="" type="checkbox"/> JP MORGAN CHASE BANK Cyndi Lewis
TRUSTEE: FIRST AMERICAN TITLE INSURANCE COMPANY
Legal Description (abbreviated: i.e. lot, block, plat, or section; township, range) LOT 1 AND WEST 26 FEET OF BLOCK 68 LOT 2
Full Legal Description is in Exhibit A
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> 76054
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 372-08		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix CYNDI ANN LEWIS				2. Death Date May 1, 2008		
3. Sex (M/F) Female	4a. Age - Last Birthday 44	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) San Diego	8b. (State or Foreign Country) California		9. Decedent's Education 2 years College		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1462 Hwy 20				13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence 3 yrs		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Joe Lewis			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Billing Clerk			18. Kind of Business/Industry (Do not use Company Name) Health Care			
19. Father's Name (First, Middle, Last, Suffix) Gerald Craig			20. Mother's Name Before First Marriage (First, Middle, Last) Jeanette			
21. Informant's Name Joe Lewis		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1201 Township Sedro-Woolley, WA 98284			
24. Place of Death, if Death Occurred in a Hospital: Long Term Care Facility						
25. Facility Name (if not a facility, give number & street or location) Life Care Center of Skagit Valley			26a. City, Town, or Location of Death Sedro-Woolley	26b. State Wa	27. Zip Code 98284	
28. Method of Disposition Burial			29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro-Woolley, WA	
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284				32. Date of Disposition May 7, 2008		
33. Funeral Director Signature <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 1 week
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. ALS						Interval between Onset & Death 10 years
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: None				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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: Apt No:				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48. Medical Examiner/Coroner - On the basis of my knowledge, death occurred at the time, date, and place listed on this certificate. If my report is to be prepared, it is the time, date, and place, and cause listed and reported stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edwin Stickle MD 1990 Hospital Drive #100 Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 1645		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 05/05/2008		
53. Title of Certifier Physician		54. License Number 34310	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) MAY 5 2008		
59. Amendments						



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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: 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:

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

MAY 05 2008



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