

Return address:

Kaye Haegemeyer



201304150168
Skagit County Auditor

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Document Title:

Death Certificate

Reference Number :

Grantor(s):

additional grantor names on page ___

1. WA state of

2.

Grantee(s):

additional grantee names on page ___

1. Hall, Ellen J.

2.

Abbreviated legal description:

full legal on page(s) ___

Lot 25 Widner Drive

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P31903

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-006202

DATE ISSUED: 04/15/2013

FEE NUMBER: 000000029

GIVEN NAMES: ELLEN JANE
LAST NAME: HALL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 04, 2013
HOUR OF DEATH: 07:00 A.M.
SEX: FEMALE
AGE: 86 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 417 WIDNOR DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 417 WIDNOR DR
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTHDATE: [REDACTED]
BIRTHPLACE: GARDEN CITY, FINNEY CNTY, KANSAS

FATHER: CHAT LAMBERT WOLF
MOTHER: PEARL ROZELMA [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 08, 2013

OCCUPATION: DEPUTY ASSESSOR
INDUSTRY: COUNTY GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: JOHN A HALL
RELATIONSHIP: SON
ADDRESS: 18144 JOY PLACE, BURLINGTON, WA 98233

20131295

CAUSE OF DEATH:
A. PANCREATIC ADENOCARCINOMA
INTERVAL: 13 MONTHS

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

APR 15 2013

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DIABETES MELLITUS TYPE 2, HYPOTHYROIDISM, HYPERLIPIDEMIA

Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: JHOANNA SANTOS, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 04, 2013

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEASED, IF A TRANSPORTATION INJURY:
NOT APPLICABLE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-201

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 08, 2013

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

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Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(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: <input checked="" type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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 Maiden 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	Telephone Number:
	<input checked="" type="checkbox"/> Funeral Director		<input type="checkbox"/> Other (Specify)		

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.

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

Examples of documentary proof:	Certificate of Naturalization	Numerical Report (Social Security Administration)	School Transcripts (Official)
	Hospital/Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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.
 - Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once. In the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executor/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 023a January 2012

CERTIFIED

APR 15 2013



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Skagit County Auditor

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

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