UNOFFICIAL DOCUMENT

201307020100
Skagit County Auditor $34.00
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AFTER RECORDING RETURN TO:

RCO LEGAL, P.S.
13555 SE 36TH ST., SUITE 200
BELLEVUE, WA 98006
Ref: 74984

GUARDIAN NORTHWEST TITLE CO.

ACCOMMODATION RECORDING ONLY

M4740

Document Title:
Washington State Death Certificate

Reference Number(s) of Documents referenced in Litigation:
Deed of Trust Recording No. 200607310137

Grantor:
Unknown Heirs and Devisees of Jack W Houston, Estate of Jack W Houston, The State of Washington, Occupants of Premises

Grantee:
The General Public

Legal Description as follows:
Lot 4, Block B-3, "Greenstreets Second Addition to Sedro Woolley, "as per Plat recorded in Volume 6 of Plats , page 44, Records of Skagit County, Washington. Situtate in the City of Sedro Woolley, County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number:
41600030040008

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number V 1125 **Washington State Certificate of Death** State File Number **2013 46949**

1. Legal Name (Include AKA's if any) First: Jack Middle: Wayne LAST: Houston Suffix: | 2. Death Date: 3/24/2013

3. Sex (M/F): M | 4a. Age – Last Birthday: 73 | 4b. Under 1 Year Months/Days: | 4c. Under 1 Day Hours/Minutes: | 5. [illegible] | 6. County of Death: Snohomish

7. Birthdate: 940 | 8a. Birthplace (City, Town, or County): Rochelle | 8b. (State or Foreign Country): Illinois | 9. Decedent's Education: Some College Credit - No Degree

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? NO

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1033 Dean Drive | 13b. City or Town: Sedro Woolley

13c. Residence: County: Skagit | 13d. Tribal Reservation Name (if applicable): N/A | 13e. State or Foreign Country: Washington | 13f. Zip Code + 4: 98284 | 13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence: 12 Years | 15. Marital Status at Time of Death: Married | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Mary Ann Labay

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Linotype Machine Operator | 18. Kind of Business/Industry (Do not use Company Name): Newspaper

19. Father's Name (First, Middle, Last, Suffix): Samuel Edward Houston | 20. Mother's Name Before First Marriage (First, Middle, Last): Viviane Ione Everts

21. Informant's Name: Joshua Houston | 22. Relationship to Decedent: Son | 23. Mailing Address: Number and Street or RFD No. 28201 Nordic Way, City or Town Stanwood, State WA. Zip 98292

24. Place of Death, if Death Occurred in a Hospital: | Place of Death, if Death Occurred Somewhere Other than a Hospital: Other - Son's Home

25. Facility Name (If not a facility, give number & street or location): 28201 Nordic Way | 26a. City, Town, or Location of Death: Stanwood | 26b. State: WA | 27. Zip Code: 98292

28. Method of Disposition: Cremation | 29. Place of Final Disposition (Name of cemetery, crematory, other place): Greenacres Memorial Park Crematory | 30. Location-City/Town, and State: Ferndale, WA.

31. Name and Complete Address of Funeral Facility: Whatcom Cremation&Funeral 4202 Guide Meridian #106 Bellingham,WA 98226 | 32. Date of Disposition: 3/28/13

33. Funeral Director Signature X: Tim D. Powell

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Hepatocellular cancer	20 months
	Due to (or as a consequence of):	
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.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above | 36. Autopsy? ☐ Yes ☒ No | 37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ 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? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: | Apt No.: | City or Town: | County: | State: | Zip Code+ 4:

46. Describe how injury occurred | 47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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.
X Bruce C Mathey MD

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.
X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Bruce C. Mathey, MD 2000 Hospital Dr. Sedro-Woolley, WA. 98284 | 50. Hour of Death (24hrs): 00:52

51. Name and Title of Attending Physician if other than Certifier (Type or Print) | 52. Date Signed (MM/DD/YYYY): 03/26/2013

53. Title of Certifier: MD | 54. License Number: MD 29773 | 55. ME/Coroner File Number: [illegible]13SN1168 | 56. Was case referred to ME/Coroner? ☒ Yes ☐ No

57. Registrar Signature
X Gary Goldbaum, MD, MPH | 58. Date Received (MM/DD/YYYY): March 28, 2013

59. Amendments

THE STATE OF WASHINGTON 1889

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THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH OTHER FOR EACH STATE

Affidavit for Correction

Health

This is a legal Document. Complete in ink or it may not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

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)

4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For the Birth); Spouse B/Wife for Marriage or Dissolution

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The Record is to be:
6.	7.
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 foregoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received.
We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof:
Certificate of Naturalization; Hospital /Medical Record; Life Insurance Policy; Marriage/Divorce Record; Numident Report (Social Security Administration); Military Record (DD-214); Birth Record; Passport; Bill or Statement (Official); Voter's Registration Card (if it bears an effective date); Alien Registration Card (front and back)

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. 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, to 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 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.

   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 birthdate, 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.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgement - form DOH/CHS 021)**

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators of evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
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 facts (minor spelling changes, name, date, or place of birth, residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the applicant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2013

CERTIFIED
Christie Spice
CHRISTIE SPICE
STATE REGISTRAR
OF VITAL RECORDS
DO NOT DESTROY

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