When Recorded Please Return To:
LAWRENCE A. PIRKLE
321 W. Washington, Suite 300
Mount Vernon, WA 98273
(360) 336-6587

201308220059
Skagit County Auditor $34.00
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DOCUMENT TITLE: WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER: 201102030124

GRANTOR(S): WASHINGTON STATE

GRANTEE(S): Mary Jean Hoffman

ABBREVIATED LEGAL DESCRIPTION: PTN NE 1/4 SE 1/4 16-33-3; PTN LOT 1, S/P 90-30.

ASSESSOR PARCEL / TAX ID NUMBER: (P15936) 330316-3-007-0007

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 1082-11

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any): First: Mary	Middle: Jean	LAST: Hoffman	Suffix:	2. Death Date: 12/26/2011
3. Sex (M/F): F	4a. Age – Last Birthday: 83	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): Mount Vernon	8b. (State or Foreign Country): WA	9. Decedent's Education: Some college credit	
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.): 20423 Maupin Road			13b. City or Town: Mount Vernon	
13c. Residence: County: Skagit	13d. Tribal Reservation Name (if applicable):	13e. State or Foreign Country: WA	13f. Zip Code + 4: 98273	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 50 Years	15. Marital Status at Time of Death: Widowed	16. Surviving Spouse's or Domestic Partner'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): Homemaker		18. Kind of Business/Industry (Do not use Company Name): Family Home		
19. Father's Name (First, Middle, Last, Suffix): Myron Bentz		20. Mother's Name Before First Marriage (First, Middle, Last): Ruth [redacted]		
21. Informant's Name: Deborah Jean Hoffman	22. Relationship to Decedent: Daughter	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 20423 Maupin Road, Mount Vernon, WA 98273		
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's home		
25. Facility Name (If not a facility, give number & street or location): 20423 Maupin Road		26a. City, Town, or Location of Death: Mount Vernon	26b. State: WA	27. Zip Code: 98273
28. Method of Disposition: Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place): Bow Cemetery		30. Location-City/Town, and State: Bow, WA	
31. Name and Complete Address of Funeral Facility: Hulbush Funeral Home 281 So. Burlington Blvd., Burlington, WA 98233			32. Date of Disposition: 12/31/2011	
33. Funeral Director Signature X: [signature]				

Part 2 completed by Certifier

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. Stroke		2 weeks
	Due to (or as a consequence of):		Interval between Onset & Death
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):		Interval between Onset & Death
	c.		
	Due to (or as a consequence of):		Interval between Onset & Death
	d.		

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: COPD, temporal arteritis	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 [signature] 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): Mary Ramsbottom 1400 E. Kincaid Street, Mount Vernon, WA 98274		50. Hour of Death (24hrs): 1400
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY): 12/30/2011

53. Title of Certifier: MD	54. License Number: MD00026569	55. ME/Coroner File Number: NIA 692	56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X [signature] (County Registrar)			58. Date Received (MM/DD/YYYY): DEC 30 2011
59. Amendments			

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 07/09/07

201308220059

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IT'S A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

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

STATE OFFICE USE ONLY

State File Number	Doc 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) (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
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 forgoing is true and correct.

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

All vital records are registered as received. An item may be changed by affidavit only once. Subsecuent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit

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

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 associated 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, 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 023a 6/11/10

CERTIFIED
DEC 30 2011

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

UU00449335