

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

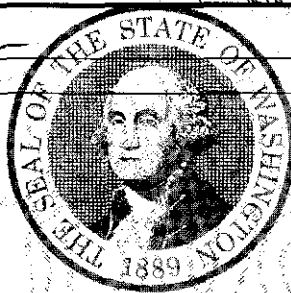
GRANTEE(S): Mary Jean Hoffman

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

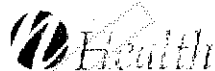
ASSESSOR PARCEL / TAX ID NUMBER: (P15936) 330316-3-007-0007

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST		2. Death Date			
Mary Jean Hoffman		12/26/2011			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
F	83	Months Days	Hours Minutes		Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
	Mount Vernon	WA	Some college credit		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No
No			White		
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.)			13b. City or Town		
20423 Maupin Road			Mount Vernon		
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skagit		WA	98273	☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
50 Years		Widowed			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Homemaker			Family Home		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Myron Bentz			Ruth		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Deborah Jean Hoffman		Daughter	20423 Maupin Road, Mount Vernon, WA 98273		
24. Place of Death, if Death Occurred in a Hospital:			24. 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)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
20423 Maupin Road			Mount Vernon	WA	98273
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Burial		Bow Cemetery		Bow, WA	
31. Name and Complete Address of Funeral Facility					32. Date of Disposition
Hulbush Funeral Home 281 So. Burlington Blvd., Burlington, WA 98233					12/31/2011
33. Funeral Director Signature X <i>Ramona Ramirez</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)			Interval between Onset & 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			Interval between Onset & Death		
b.			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
c.			Interval between Onset & Death		
Due to (or as a consequence of):			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:			36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?
COPD, temporal arteritis			☐ Yes ☒ No		☐ Yes ☐ No
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending		☐ 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		☐ 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.			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 <i>M. Ramelaton MD</i>			x		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			50. Hour of Death (24hrs)		
Mary Ramsbottom 1400 E. Kincaid Street, Mount Vernon, WA 98274			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		54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
MD		MD00026569	N/A 692		☒ Yes ☐ No
57. Registrar Signature			58. Date Received (mm/dd/yyyy)		
x <i>County Registrar</i>			DEC 30 2011		
59. Amendments					



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Affidavit for Correction

Center for Health Statistics
P.O. Box 47614
Olympia, WA 98504-7814
(360) 235-4300

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

STATE OFFICE USE ONLY

State File Number	File 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
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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; if 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:	
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 ☐ Telephone Number:
Funeral Director ☐ 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. An item may be changed by affidavit only once. Subsequent 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, Medical Record, School Transcripts, 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, 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.
 - 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 023a 6/11/10

CERTIFIED

DEC 8 6 2011

H. Leibrand

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