



201311140061

**AFTER RECORDING RETURN TO:**

Skagit County Auditor  
11/14/2013 Page

1 of 3 \$34.00  
3:23PM

RCO LEGAL, P.S.  
13555 SE 36<sup>TH</sup> ST., SUITE 200  
BELLEVUE, WA 98006  
Ref: 87522

LAND TITLE OF SKAGIT COUNTY

147946-F

**Document Title:**  
WASHINGTON STATE DEATH CERTIFICATE

**Reference Number(s) of Documents:**  
DEED OF TRUST RECORDING NO. 200801070039

**Grantor:**  
DELILAH LOTT

**Grantee:**  
THE GENERAL PUBLIC

**Legal Description as follows:**  
LOT 10, BLOCK 1, "COUNTRY CLUB ADD. NO. 6", AS PER PLAT RECORDED IN VOLUME 11 OF PLATS, PAGES 42 AND 43, RECORDS OF SKAGIT COUNTY, WASHINGTON.

**Assessor's Property Tax Parcel/Account Number:**  
4339-001-010-0000

P-79489

UNOFFICIAL DOCUMENT

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>1849</b>		Washington State Certificate of Death			State File Number: <b>2013 51438</b>	
1. Legal Name (include AKA's if any) First Middle LAST <b>Delilah Ann Lott</b>				2. Death Date <b>05/19/2013</b>		
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>70</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number		
7. Birthdate		8a. Birthplace (City, Town, or County) <b>Shelby</b>		8b. (State or Foreign Country) <b>MT</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>		
12. Was Decedent ever in U.S. Armed Forces? <b>No</b>				13a. City or Town <b>Burlington</b>		
13b. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>12985 North Ovenell Lane</b>				13c. Residence: County <b>Skagit</b>		
13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>WA</b>		13f. Zip Code + 4 <b>98233</b>		
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>25 Years</b>				
15. Marital Status at Time of Death <b>Widowed</b>		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). <b>Clerk</b>			18. Kind of Business/Industry (Do not use Company Name). <b>Hotel</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>John Newmiller</b>			20. Mother's Name Before First Marriage (First, Middle, Last)			
21. Informant's Name <b>Timothy J. Lott</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>381 Cambrae Drive, Camano Island, WA 98282</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Josephine Sunset Home</b>			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Nursing Home</b>			
26. Facility Name (if not a facility, give number & street or location) <b>Josephine Sunset Home</b>			27a. City, Town, or Location of Death <b>Stanwood</b>		27b. State <b>WA</b>	
27c. Zip Code <b>98292</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		
30. Location-City/Town, and State <b>Mount Vernon, WA</b>			31. Name and Complete Address of Funeral Facility <b>Hulbush Funeral Home 281 So. Burlington Blvd., Burlington, WA 98233</b>			
32. Date of Disposition <b>05/23/2013</b>			33. Funeral Director Signature 			
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) → <b>a. Aspiration Pneumonia</b>				Interval between Onset & Death <b>2 weeks</b>		
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. _____ Due to (or as a consequence of):				Interval between Onset & Death		
c. _____ Due to (or as a consequence of):				Interval between Onset & Death		
d. _____ Due to (or as a consequence of):				Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>D.M. II Chronic pain</b>				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 checked="" type="checkbox"/> No		38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <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"/> 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt. No. City or Town: Country: State: Zip Code + 4:				
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)		
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. <b>Edwin Stickle MD</b>			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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Edwin Stickle 1990 Hospital Drive, Sedro-Woolley, WA 98284</b>			50. Hour of Death (24hrs) <b>0900</b>			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) <b>5/22/13</b>			
53. Title of Certifier <b>MD</b>		54. License Number <b>MD 0003310</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <b>Jerry Goldbaum, MD, MA</b>		58. Date Received (mm/dd/yyyy) <b>5/23/2013</b>				
59. Amendments						



201311140061

DOHCHS-003 Rev 07/09/07

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47614  
Olympia, WA 98504-7614  
(360) 236-4300

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: <input 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): Spouse or Husband for Marriage or Dissolution:	5. Mother's Full Maiden Name (For Birth): Spouse or Wife for Marriage or Dissolution:
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The record is incorrect or incomplete as follows:

6. The record shows:	The true fact is:
7.	8.
9.	10.
11.	12.
13.	14.

14. I request a fee payment: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify):	Telephone Number:
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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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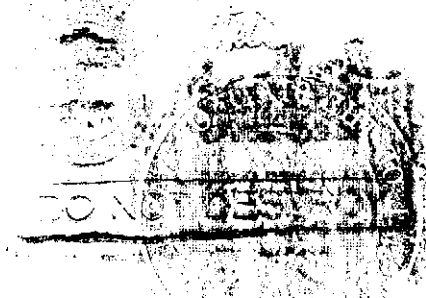
- Official records are registered as follows:
- Driver's License
  - Social Security card (original issued)
  - Decorative birth certificate
  - Certificate of Naturalization
  - Numident Report (Social Security Administration)
  - School Transcripts (Official)
  - Hospital/Medical Record
  - Military Record (DD 204)
  - 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

- Birth Certificates**
- Only a parent, legal guardian (if the child is under 18) or the adult themselves may change the birth certificate.
  - The proof must show exactly the requested 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 J. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
  - Age Limit:**
    - Only parents or legal guardian can change the birth certificate.
    - Court orders must submit certified court order giving them authority to act on behalf of the parent.
    - If a legal guardian, 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.
    - If a legal guardian may change the child's first or middle name by completion, this affidavit of correction *with 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.
  - This affidavit can only be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH/CHS 021)
- Age Limit (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.
  - If incorrect 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.

- Death Certificates**
- Only the informant, the funeral director or executor, administrators (if evidence confirming such position is requested) 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.
  - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
  - Changes less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- Wedding and Divorce Certificates**
- Marital Status (marriage) may change name, date, or place of birth or residence may be changed by affidavit (with proof) by the person.
  - Divorce: the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2013



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