



201311140062

AFTER RECORDING RETURN TO:

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

Skagit County Auditor \$34.00
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Document Title:
WASHINGTON STATE DEATH CERTIFICATE

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

Grantor:
DONALD 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

P79489

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-014470

DATE ISSUED: 11/04/2013

FEE NUMBER: 4611555391

GIVEN NAMES: DONALD RAY
LAST NAME: LOTT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 17, 2012 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 71 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE:
BIRTHPLACE: CHARLESTON, KANAWHA CNTY, WEST VIRGINIA

MARITAL STATUS: MARRIED
SPOUSE: DELILAH NEWMILLER

OCCUPATION: ELECTRONICS ENGINEER
INDUSTRY: TELEPHONE INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: TIMOTHY LOTT
RELATIONSHIP: SON
ADDRESS: 381 CAMBRAE DR CAMANO ISLAND, WA 98282

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 12985 OVENALL LN
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 12985 N OVENELL LN
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233816
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: RAY LOTT
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATION SERVICES
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: NOVEMBER 07, 2012

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: TIMOTHY DONOVAN

CAUSE OF DEATH:

- A. CARDIAC ARRHYTHMIA
INTERVAL: MINUTES
- B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
- C. DIABETES MELLITUS
INTERVAL: YEARS
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PARKINSON'S DISEASE

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

LOCATION OF INJURY:

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

STATUS OF DECEASED, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: WAYNE S. MARTIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 468
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: NOVEMBER 05, 2012



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 173-12
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEOROSA
DATE RECEIVED: NOVEMBER 07, 2012

DOH 01-003 (1/13)

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
3601256-4300

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

STATE OFFICE USE ONLY

State File Number	File Number	Index	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Product Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Event to be corrected: _____	2. Date of Event: _____	3. Place of Event: (City or County) _____

4. Birth Information: <input type="checkbox"/> Birth Record <input type="checkbox"/> Special Affidavit for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution: _____
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The Record is incorrect. It should be corrected as follows:
 The Record now reads: _____ The true fact is: _____

6. How does the informant know the true fact is correct? <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. Signatures: _____	16. Date: _____	17. Address: _____
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All corrections are requested as indicated.

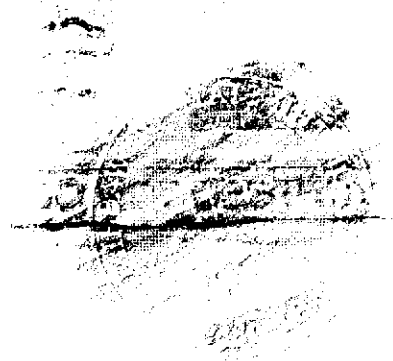
- Where proof is required:
- | | | | |
|-------------------------------|--|---|-------------------|
| Driver's License | Driver's License | Social Security Card | Birth Certificate |
| Certificate of Naturalization | Naturalization Report (Social Security Administration) | School transcripts (Official) | Birth Certificate |
| Hospital/Medical Record | Military Record (DD-216) | Voter's Registration Card (if it bears an effective date) | Birth Certificate |
| Life Insurance Policy | Birth Record | Alien Registration Card (front and back) | Birth Certificate |
| Marriage/Divorce Record | Passport | | Birth Certificate |

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (18 or older) may change the birth certificate.
 - The proof(s) must not only clearly state the 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 to the mother's maiden name (father's name (if present on the certificate) or any combination of the words "and" and a court-ordered legal name change is allowed).
 - After age one, the child's birth or middle name may be completed by the mother, father, or legal guardian.
 - For all corrections of information, documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
 - Legal birth parents may be able 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/attorney (if 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.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - If the death 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:**
- Parsonage faults, 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 2013



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