



201501090063

Return Address:

Skagit County Auditor

\$35.00

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\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

201583  
JAN 09 2014

Document Title:

Death Certificate

Amount Paid \$   
Skagit Co. Treasurer  
By MB Deputy

Reference Number (if applicable):

201409260056

Grantor(s):

additional grantor names on page \_\_\_\_.

- 1) Ralph F. Dexter
- 2) \_\_\_\_\_

Grantee(s):

additional grantor names on page \_\_\_\_.

- 1) Christine J. Stewart
- 2) \_\_\_\_\_

Abbreviated Legal Description:

full legal on page(s) \_\_\_\_.

(1.0000 ac) PTN SE 1/4 OF SEC 8  
TOWNSHIP 35 N, RANGE 11 EAST, WA

Assessor Parcel /Tax ID Number:

additional parcel numbers on page \_\_\_\_.

P45970

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-023955

LOCAL FILE NUMBER: 3643

DATE ISSUED: 01/09/2015

FEE NUMBER: 0000600029

GIVEN NAMES: RALPH FREDERICK  
LAST NAME: DEXTER

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: OCTOBER 10, 2014  
HOUR OF DEATH: 07:50 A.M.  
SEX: MALE  
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: 533-26-2238

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: MARCH 30, 1929  
BIRTHPLACE: EVERETT, SNOHOMISH CNTY, WASHINGTON

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: SENIOR HYDROELECTRIC OPERATOR  
INDUSTRY: PUBLIC UTILITY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: TERRYLL LANE DEXTER  
RELATIONSHIP: SON  
ADDRESS: PO BOX 62, MARBLEMOUNT, WA 98267

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: JOSEPHINE SUNSET HOME  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

RESIDENCE STREET: 9901 272ND PLACE NORTHWEST  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292  
INSIDE CITY LIMITS? YES  
COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: NATHAN ELBRIDGE DEXTER  
MOTHER: NELLIE LEWIS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR  
CITY, STATE: SEATTLE, WA  
DISPOSITION DATE: OCTOBER 22, 2014

FUNERAL FACILITY: NEPTUNE SOCIETY  
ADDRESS: 19324 - 40TH AVE W, STE A  
CITY, STATE, ZIP: LYNNWOOD WA 98036  
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:  
A. BRAIN TUMOR: HIGH GRADE ASTROCYTOMA  
INTERVAL: MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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 DECEDENT, 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: UNKNOWN  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAVID D. SHILLING, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 712 S. BURLINGTON BLVD.  
CITY, STATE, ZIP: BURLINGTON WA 98233  
DATE SIGNED: OCTOBER 22, 2014

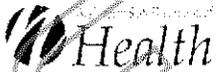


CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 14-SN-3692

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
KELLY CANNON  
DATE RECEIVED: OCTOBER 22, 2014

DOH 01-603 (6/14)



# Affidavit for Correction

Mail to: **Center for Health Statistics**  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
www.doh.wa.gov

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

### STATE OFFICE USE ONLY

State File Number	Fee 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

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_

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: \_\_\_\_\_  
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

<b>Examples of acceptable documentary proof:</b>	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

#### Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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.
  - Child under 18
    - 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/parent full birth name, father/parent full birth 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.
    - To correct the sex of the child, submit one proof from a medical provider.
  - 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, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
    - To correct parent's birth date, place of birth, or name, one documentary proof is required.
    - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

#### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). 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.

#### 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 422-034 June 2014

# \*CERTIFIED\*

JAN 04 2015

*Howard Lehman*

Skagit County Health Department  
Howard Lehman M.D. Health Officer



201501090063

BB00055251

That portion of the Southeast 1/4 of Section 8, Township 35 North, Range 11 East, W.M., described as follows:

Beginning at the intersection of the West line of said Southeast 1/4 and the North line of the Cascade Highway right-of-way, as said right-of-way existed on April 15, 1954; thence East along the North line of said right-of-way 500 feet to the true point of beginning; thence continuing East along the North line of said right-of-way, 208.6 feet; thence North 208.6 feet; thence West 208.6 feet to a point which lies 208.6 feet North of the point of beginning; thence South to the true point of beginning.

Together with the 1962 American 50 x 10 mobile home that is located on said parcel.

Situate in the County of Skagit, State of Washington



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