



201604220131

UNOFFICIAL DOCUMENT

RETURN TO:

Patrick M. Hayden  
P.O.Box 454  
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

DEATH CERTIFICATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**AF #201507230069**

GRANTOR(S) (Last name, first name and initials):

- 1. **METCALF, Fredrick Michael**
- 2.

GRANTEE(S) (Last name, first name and initials):

- 1. **Public**
- 2.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

- 1. **Peavey's AC E ½ Lot 37 Block 1**
- 2.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

**Tax Parcel No. 3966-001-037-0209 / P67918**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-003834

DATE ISSUED: 04/20/2016

FEE NUMBER: 000000029

GIVEN NAMES: FREDRICK MICHAEL  
LAST NAME: METCALF

COUNTY OF DEATH: KING  
DATE OF DEATH: JANUARY 27, 2016  
HOUR OF DEATH: 09:50 P.M.  
SEX: MALE  
AGE: 66 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 26057 HOEHN ROAD  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

FATHER/PARENT: FREDRICK WILLIAM METCALF  
MOTHER/PARENT: MURIEL MINNIE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: KATHY MORTIMORE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: UNION CEMETERY  
CITY, STATE: SEDRO WOOLLEY, WA  
DISPOSITION DATE: FEBRUARY 08, 2016

OCCUPATION: ALKEY-POLEY UNIT OPERATOR  
INDUSTRY: OIL REFINERY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: RICK B. LEMLEY

INFORMANT: KATHY METCALF  
RELATIONSHIP: SPOUSE  
ADDRESS: 26057 HOEHN ROAD SEDRO-WOOLLEY, WA 98284

- CAUSE OF DEATH:
- A. RENAL FAILURE WITH ELECTROLYTE DISTURBANCE  
INTERVAL: WEEKS
  - B. HEPATIC FAILURE  
INTERVAL: MONTHS
  - C. HEPATIC CIRRHOSIS, ETIOLOGY UNKNOWN  
INTERVAL: YEARS
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: AMANDA SHEPHERD, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1959 NE PACIFIC ST (BOX 356100)  
CITY, STATE, ZIP: SEATTLE WA 98195  
DATE SIGNED: JANUARY 28, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:  
RUTH ROBERSON  
DATE RECEIVED: JANUARY 29, 2016



# Affidavit for Correction

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

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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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

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

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) \_\_\_\_\_ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) \_\_\_\_\_

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

### I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

- Only a parent(s), 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** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
  - Documentary proof must be five or more years old or established within five years of birth.
- Child under 18**
- If legal guardian(s), include certified court order proving guardianship
  - Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
  - After age one, a court order is required to change the last name
  - No proof is required to change the first or middle name\*
  - To correct parent's information, one documentary proof is required.
  - To correct the sex of the child, one documentary proof from a medical provider is required
- Adult (18 years or older)**
- Only the adult can change his or her birth certificate
  - If the first or middle name is missing, 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

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

### This affidavit cannot be used to add a father to a birth certificate (use 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). The informant may change marital status with proof. 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

**\*CERTIFIED\***

APR 20 2013

*Howard Labrand*

Skagit County Health Department  
Howard Labrand M.D., Health Officer

EE00087685