

AFTER RECORDING RETURN TO:

Law Office of Cole & Gilday, P.C.  
P.O. Box 249  
Stanwood, WA 98292



201606210059

Skagit County Auditor

\$35.00

6/21/2016 Page

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3 3:00PM

**SKAGIT COUNTY RECORDERS COVER SHEET**

Document Title:	DEATH CERTIFICATE
Reference No. of Document Assigned or Released:	N/A <i>Land Title and Escrow Accommodation</i>
Grantor (Last name first, then first name & initial)	LEONARD, Lynn Charles
Grantee (Last name first, then first name & initial)	Public
Legal Description (abbreviated) (i.e., Lot, Block, etc.)	Lot 6 and Pt. Lot 5, WAGNER'S HOPE ISLAND ADDITION
Assessor's Property Tax Parcel Account No.:	70234 40036-004-006-0006

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-027399

DATE ISSUED: 10/06/2015

FEE NUMBER: 000000029

GIVEN NAMES: LYNN CHARLES  
LAST NAME: LEONARD

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 02, 2015  
HOUR OF DEATH: 11:00 A.M.  
SEX: MALE  
AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: WASHINGTON

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: SELF EMPLOYED  
INDUSTRY: PRIVATE RECREATIONAL PARK  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: JULIE LEONARD  
RELATIONSHIP: DAUGHTER  
ADDRESS: P.O. BOX 334 HAINES, ALASKA 99827

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 17414 GOLDENVIEW RD  
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

RESIDENCE STREET: 17414 GOLDENVIEW RD  
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: ARTHUR LEONARD  
MOTHER: SHIRLEY [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: ANDERSON CEMETERY  
CITY, STATE: STANWOOD, WA  
DISPOSITION DATE: OCTOBER 08, 2015

FUNERAL FACILITY: GILBERTSON FUNERAL HOME  
ADDRESS: 27001 88TH AVE NW/PO BOX 1569  
CITY, STATE, ZIP: STANWOOD WA 98292  
FUNERAL DIRECTOR: DAVID BRANDT

CAUSE OF DEATH:  
A. LUNG CANCER, STAGE 4  
INTERVAL: 1 MONTH  
B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
MALIGNANT PLEURAL EFFUSION,

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

LOCATION OF INJURY:

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

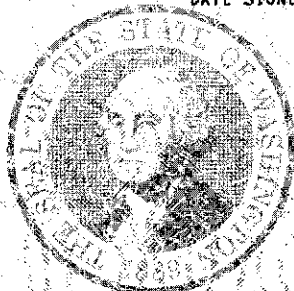
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: OCTOBER 05, 2015

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: NJA - 597  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: OCTOBER 06, 2015

GOH 01-003 (1/15)

# 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
1. Name of Person	2. Date of Event	3. Place of Event
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
Name of Person Requesting Correction:	Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital
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:

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

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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:	Date:	Printed name:	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

1. 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
2. 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.
3. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- Legal guardian(s) include certified court order proving guardianship
- Up to one last name can be changed once to either parent's name on certificate (you can use combination of the first, middle or last names)\*
- After a judge or 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 a fact 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 using this form, 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. 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
2. 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 422-033 January 2015

**CERTIFIED**  
 OCT 06 2015  
 Skagit County Public Health Department  
 Howard Leibrand M.D., Health Officer

CC00228934