

AFTER RECORDING RETURN TO:

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



201606210060

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)	COLE, Charles T.
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

146 3 34723
STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

329

LOCAL FILE NUMBER

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

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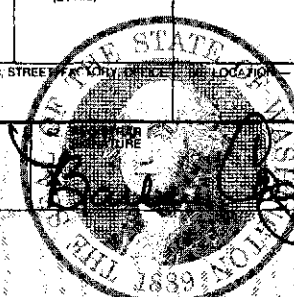
21. ACC LOC

22. QUERIES

23.

24.

1. NAME First: CHARLES Middle: T. Last: COLE	2. SEX (M / F) MALE	3. DEATH DATE (Mo., Day, Yr.) SEPT. 22, 2003
4. AGE LAST BIRTHDAY (Yrs) 76	5. UNDER 1 YEAR MOS. DAYS HOURS MINS	6. UNDER 1 DAY MINS
7. BIRTHDATE (Mo., Day, Yr.) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) MASURY, OHIO	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
10. COUNTY OF DEATH ISLAND	11. CITY, TOWN OR LOCATION OF DEATH CAMANO ISLAND	12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 877 N. SMITH RD.
13. SMOKING IN LAST 15 YEARS? (Yes / No) NO	14. MARITAL STATUS — Married, Never married, Widowed, Orphaned (Specify) WIDOWED	15. SURVIVING SPOUSE (If wife, give maiden name)
16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5-): 6	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) ATTORNEY
19. KIND OF BUSINESS OR INDUSTRY LAW PRACTICE	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO	21. RACE (Specify) WHITE
22. RESIDENCE — NUMBER AND STREET 877 N. SMITH RD.	23. CITY/TOWN OR LOCATION CAMANO ISL.	24. INSIDE CITY LIMITS? (Yes / No) NO
25A. COUNTY ISLAND	25B. LENGTH OF RES. IN CO. 41 Yrs	26. STATE WASH
27. ZIP CODE 98282	28. FATHER'S NAME — FIRST, MIDDLE, LAST GEORGE R. COLE	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME LILLIAN [REDACTED]
30. INFORMANT — NAME SHIRLEY SWANSON	31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1647 N.W. NASSAU COURT, POULSBO, WASHINGTON 98370	32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION
33. DATE (Mo., Day, Yr.) 9/24/03	34. CEMETERY/CREMATORY — NAME MOUNT VERNON CEMETERY	35. LOCATION — CITY/TOWN, STATE MOUNT VERNON, WASHINGTON
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>	37. NAME OF FACILITY GILBERTSON FUNERAL HOME	38. ADDRESS OF FACILITY 27001 88TH AVE. NW STANWOOD, WASHINGTON 98292
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>	40. DATE SIGNED (Mo., Day, Yr.) 9/23/03	41. HOUR OF DEATH (24 Hrs.) 0400
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>	44. DATE SIGNED (Mo., Day, Yr.)
45. HOUR OF DEATH (24 Hrs.)	46. PRONOUNCED DEAD (Mo., Day, Yr.)	47. HOUR PRONOUNCED DEAD (24 Hrs.)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) DR. PATRICK CLARK MD, 9631-269TH STREET NW, STANWOOD, WA 98292	49. MEDICORNER FILE NUMBER 003-194	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: B. Valvular heart disease DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: AODM, Renal insufficiency	52. AUTOPSY? (Yes / No) NO	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)
57. DESCRIBE HOW INJURY OCCURRED:	58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, RFD, COLLEGE, ETC. (Specify) STREET OR RFD NO., CITY/TOWN, STATE
60. RECORD AMENDMENT (Registrar use only) DOCUMENTARY EVIDENCE REVIEWED BY DATE	61. SIGNATURE AND TITLE <i>[Signature]</i> Chief Deputy Registrar	62. DATE RECEIVED (Mo., Day, Yr.) 9-23-03



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Form# DSHS 0-158)

A

DOH 01-008 (10/15)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98507-7814
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	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <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:

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: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to 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



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