

**WHEN RECORDED RETURN TO:**

Richard Davey  
3300 E Ponce De Leon Ave  
Scottsdale, GA 30079-1204



201606280101

Skagit County Auditor

\$35.00

6/28/2016 Page

1 of

3 3:16PM

**DOCUMENT TITLE(S):**

Certificate of Death

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

Deed#  
201606280103

**GRANTOR:**

State of Washington

*Land Title and Escrow*

**GRANTEES:**

Barbara Louise Groves

155427-  
fae

**ABBREVIATED LEGAL DESCRIPTION:**

**TAX PARCEL NUMBER(S):**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-034556

DATE ISSUED: 12/03/2015

FEE NUMBER: 000000029

GIVEN NAMES: BARBARA LOUISE  
LAST NAME: GROVES

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 30, 2015  
HOUR OF DEATH: 01:00 P.M.  
SEX: FEMALE  
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SAN BERNADINO, CALIFORNIA

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: ART  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: JEANNE DAVEY  
RELATIONSHIP: SISTER  
ADDRESS: 509 E. 88TH STREET, 3-8, NEW YORK, NY 10128

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 626 WANAPUM DRIVE  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: DONALD J DUNLAP  
MOTHER: HELEN F [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: EDEN CEMETERY  
CITY, STATE, ZIP: GUENES ISLAND, WA  
DISPOSITION DATE: DECEMBER 11, 2015

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:

- A. DEHYDRATION  
INTERVAL: DAYS  
B. METABOLIC ENCEPHALOPATHY  
INTERVAL: WEEKS  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ACUTE MYOCARDIAL INFARCTION, DEMENTIA, MALNUTRITION

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

LOCATION OF INJURY:

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

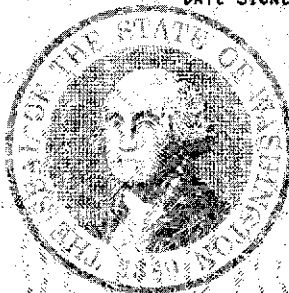
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JOHN R. MATHIS, MD  
TITLE: PHYSICIAN  
ADDRESS: 1213 24TH STREET, SUITE 100  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: DECEMBER 01, 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 #723

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: DECEMBER 03, 2015

# 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: \_\_\_\_\_

### 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 on record: _____	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) _____		
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) _____		
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: _____

### 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. Any proof must establish 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 age one, his 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 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 Certificate

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 422-032 January 2015

**\*CERTIFIED\***

DEC 03 2015

Slagit County Health Department  
Howard Leibrand M.D., Health Officer

CC00229738