



201608050097

Skagit County Auditor

\$35.00

8/5/2016 Page

1 of

3 2:56PM

WHEN RECORDED RETURN TO:

**DOCUMENT TITLE(S):**

Certificate of Death

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

~~GRANTORS:~~

Grantee:

MARCEL ROCHEFORT

Land Title and Escrow

~~GRANTEES:~~

Grantor:

StateWA

#155676-

OE

**ABBREVIATED LEGAL DESCRIPTION:**

Ptn Tract 35, Burlington Acreage.

**TAX PARCEL NUMBER(S):**

3867-000-035-1706, P62488, 3867-000-035-2001, P62492

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-030678

DATE ISSUED: 07/21/2016

FEE NUMBER: 0000000029

GIVEN NAMES: MARCEL  
LAST NAME: ROCHEFORT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 31, 2015  
HOUR OF DEATH: 06:00 P.M.  
SEX: MALE  
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: CALIFORNIA

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: TRUCK DRIVER  
INDUSTRY: LUMBER  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: JOSEPH ROCHEFORT  
RELATIONSHIP: SON  
ADDRESS: 411 HILLCREST STREET, EL SEGUNDO, CA 90245

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1416 E VICTORIA AVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1416 E VICTORIA AVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 982332135  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 62 YEARS

FATHER/PARENT: JOSEPH ROCHEFORT  
MOTHER/PARENT: KATHERINE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATORY  
CITY, STATE: MARYSVILLE, WA  
DISPOSITION DATE: NOVEMBER 05, 2015

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE  
ADDRESS: 3803 132ND PLACE NE  
CITY, STATE, ZIP: MARYSVILLE WA 98271  
FUNERAL DIRECTOR: JUDY A. JEWELL

CAUSE OF DEATH:

A. ACUTE OR CHRONIC END STAGE KIDNEY FAILURE  
INTERVAL: 23 DAYS

B. CHRONIC KIDNEY FAILURE DUE TO DIABETES TYPE 2  
INTERVAL: 5 YEARS

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

PERITONITIS DUE TO PERFORATED VISCUS FROM DIVERTICULITIS

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

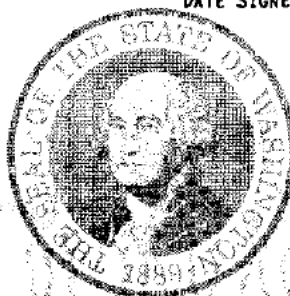
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: BARBARA HAHN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: NOVEMBER 04, 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: 654

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: NOVEMBER 04, 2015

DOH 01-003 (10/15)



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
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"/> Guardian
			<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director
			<input type="checkbox"/> Informant	<input type="checkbox"/> Hospital
			<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:

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 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

## INSTRUCTIONS - go to 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

- 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

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). 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.
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 422-034 October 2015

**\*CERTIFIED\***

JUL 21 2016

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

GG00006187