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Skagit County Auditor

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3/19/2016 Page

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3 3:39PM

WHEN RECORDED RETURN TO:

Skagit Law Group
Attn: John Burke
Po Box 336
Mount Vernon, WA 98273

GUARDIAN NORTHWEST TITLE CO.

112064

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR: STATE OF WASHINGTON

GRANTEES:
Jolene Ruth Cordray

ABBREVIATED LEGAL DESCRIPTION:
Lot 25, , Mount Baker View Addition, according to the Plat thereof filed in Volume 7 of Plats at Page(s) 67, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):
P53768, 3745-000-025-0005

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1051-09** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Jolene Middle Ruth LAST Cordray Suffix			2. Death Date December 9, 2009		
3. Sex (M/F) Female	4a. Age - Last Birthday 72	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number	6. County of Death Skagit
7. Birthdate	8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 1906 E. Highland Street				13b. City or Town Mount Vernon	
13c. Residence County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 5 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Merle D. Cordray	
17. Usual Occupation (Indicate type of work done during most of working life - DO NOT USE RETIREE) Housewife			18. Kind of Business/Industry (Do not use Company Name) Homemaker		
19. Father's Name (First, Middle, Last, Suffix) Elvie Barnett			20. Mother's Name Before First Marriage (First, Middle, Last) Helen		
21. Informant's Name Merle D. Cordray		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1906 E. Highland Street, Mount Vernon, Wa 98273	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (if not a facility, give number & street or location) 1906 E. Highland Street			26a. City, Town, or Location of Death Mount Vernon		26b. State WA
			27. Zip Code 98273		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Kern Funeral Home, 1122 So. 3rd. St., Mount Vernon, Washington 98273				32. Date of Disposition Dec. 14, 2009	
33. Funeral Director Signature <i>Edward E. Rigel</i>					

Cause of Death (See instructions and examples)

34. Enter the **chain of events** - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Ovarian cancer	Interval between Onset & Death 2 years
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Interval between Onset & Death
b. _____	Interval between Onset & Death
c. _____	Interval between Onset & Death
d. _____	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Hypertension

36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year
40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

42. Date of Injury (mm/dd/yyyy)

43. Hour of Injury (24hrs)

44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

45. Location of Injury: Number & Street City or Town County State Zip Code + 4

46. Describe how injury occurred

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
Stevan W. Luther

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Stevan W. Luther 830 Ball Street Sedro Woolley, WA 98284

50. Hour of Death (24hrs)
1630

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (mm/dd/yyyy)
Dec. 14, 2009

53. Title of Certifier
Physician

54. License Number
13149

55. ME/Coroner File Number
NJA - 621

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
Cornelia Anderson, Deputy

58. Date Received (mm/dd/yyyy)
DEC 14 2009

59. Amendments



DOHCHS 003 Rev 07/00/07



Affidavit for Correction

Center for Health Statistics
P.O. Box 3406
Olympia, WA 98501-9703
(360) 339-1300

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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify) _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement, copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 16) or the adult themselves (18 or older) may change the birth certificate.
- The correct(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name if present on the certificate, or any combination of the two
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director or executor/administrator's (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date of place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

DEC 14 2009

Skagit County Health Department
Howard Lebrand M.D., Health Officer S00165717