



201608190130

Skagit County Auditor

\$35.00

8/19/2016 Page

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3 3:41PM

WHEN RECORDED RETURN TO:

Guardian Northwest Title
PO Box 1667
Mount Vernon, WA 98273

DOCUMENT TITLE(S):

Death Certificate

GUARDIAN NORTHWEST TITLE CO.

112064

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Merle Duane Cordray

GRANTEES:

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

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-021628

DATE ISSUED: 08/31/2015

FEE NUMBER: 000000029

GIVEN NAMES: MERLE DUANE
LAST NAME: CORDRAY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 02, 2015
HOUR OF DEATH: 11:30 A.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE/NATIVE AMERICAN=CHEROKEE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: GROUNDSKEEPER
INDUSTRY: CEMETERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: CARLA J. DAWES
RELATIONSHIP: GRANDDAUGHTER
ADDRESS: 2193 WESTWOOD PL. OAK HARBOR, WA 98277

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1906 HIGHLAND AVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: EDWARD C CORDRAY
MOTHER: VIRGIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: AUGUST 06, 2015

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRIJAX

CAUSE OF DEATH:
A. PNEUMONIA, COMMUNITY ACQUIRED, ORGANISM UNIDENTIFIED
INTERVAL: 96 HOURS

B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC ATRIAL FIBRILLATION; VALVULAR HEART DISEASE; CACHEXIA; SEIZURE DISORDER

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: DAVE HOEFT, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: AUGUST 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: AUGUST 05, 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
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Required information must match current information on record

Required	<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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
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)
 - Scholastic 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 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

- 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.
- 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 of spouse) 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 January 2015

CERTIFIED

AUG 31 2015

Skagit County Health Department
Howard I. Brand M.D. Health Officer

CC00232092