

WHEN RECORDED RETURN TO:

Thomas L. Cooper  
NEWTON ♦ KIGHT L.L.P.  
P.O. Box 79  
Everett, WA 98206



201609010046

Skagit County Auditor

\$35.00

9/1/2016 Page

1 of

3 11:37AM

**Document Title:** Death Certificate of Estate of LOIS J. BOYD, deceased

*Grantee:*  
**Grantor(s)** (Last name, then first name and initials):

*Land Title and Escrow*

1. BOYD, LOIS J., deceased
- 2.

**Grantee(s)** (Last name, then first name and initials):

- Grantor*
1. State of WA.

#156200-0

**Legal description** (abbreviated):

LOT 109, BLOCK 1, AND LOT 70, BLOCK 3, "LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 2," AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 49 THROUGH 54, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

\_\_\_\_ Additional legal is on page(s) \_\_\_\_\_ of Quit Claim Deed recorded separately.

**Reference Number(s) of Documents assigned or released:**

**Assessor's Property Tax Parcel/Account Numbers:**

3938-001-109-0009  
3938-003-070-0000

Property ID# P66589  
Property ID# P66723

\_\_\_\_ Additional parcel numbers are on page \_\_\_\_ of the document.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK

2964

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

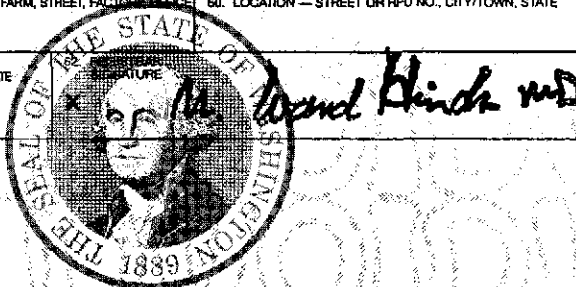
146

STATE FILE NUMBER

1. NAME First: <b>JEANE</b> Middle: <b>BOYD</b> Last: <b>BOYD</b>				2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>November 6, 2001</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>74</b>		5. UNDER 1 YEAR MOS: <b>74</b> DAYS: <b>00</b> HOURS: <b>00</b> MINS: <b>00</b>		6. UNDER 1 DAY HOURS: <b>00</b> MINS: <b>00</b>		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	
8. BIRTHPLACE (City, State or Foreign Country) <b>Couder' D Alene, ID</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>		13. COUNTY OF DEATH <b>Snohomish</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Everett</b>				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>3217 Rockefeller Ave.</b>			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Lewis Amos Boyd</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (1-4 or 5-):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Interviewer</b>				19. KIND OF BUSINESS OR INDUSTRY <b>Marketing Research</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
21. RACE (Specify) <b>White</b>		22. RESIDENCE — NUMBER AND STREET <b>3217 Rockefeller Ave.</b>		23. CITY/TOWN, OR LOCATION <b>Everett</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>	
25. COUNTY <b>Snohomish</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98201</b>		28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Elmer Erickson Sr.</b>	
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Ella Emma [REDACTED]</b>		30. INFORMANT — NAME <b>Lewis Boyd</b>		31. MAILING ADDRESS STREET OR RFD NO. <b>3217 Rockefeller Avenue</b>		32. CITY OR TOWN <b>Everett</b>	
33. STATE <b>WA</b>		34. ZIP <b>98201</b>		35. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Burial</b>		36. DATE (Mo, Day, Yr) <b>Nov. 10, 2001</b>	
37. CEMETERY/CREMATORY — NAME <b>Cypress Lawn Memorial Park</b>		38. LOCATION — CITY/TOWN, STATE <b>Everett, Washington</b>		39. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>		37. NAME OF FACILITY <b>Purdy and Walters with Cassidy</b>	
38. ADDRESS OF FACILITY <b>1702 Pacific Ave. Everett, Washington 98201</b>		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 <b>X [Signature]</b>		40. DATE SIGNED (Mo, Day, Yr) <b>Nov 7, 2001</b>		41. HOUR OF DEATH (24 Hrs) <b>1228</b>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Paul Knoll, M.D.</b>		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 <b>X [Signature]</b>		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dr. Paul Knoll, M.D. 3226 Nassau Street Everett, WA 98201</b>		47. PRONOUNCED DEAD (Mo, Day, Yr)		48. HOUR PRONOUNCED DEAD (24 Hrs)		49. ME/CORONER FILE NUMBER <b>NIA01SN1813</b>	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). <b> ovarian carcinoma</b>		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.				INTERVAL BETWEEN ONSET AND DEATH <b>approx 12 months</b>	
A. DUE TO, OR AS A CONSEQUENCE OF:		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) <b>No</b>	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>						54. ACC. SUICIDE, HGM., 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, FACTORY, OFFICE, BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: <b>DOCUMENTARY EVIDENCE</b> REVIEWED BY: <b>[Signature]</b> DATE: <b>NOV - 9 2001</b>		62. DATE RECEIVED (Mo, Day, Yr) <b>NOV - 9 2001</b>		63. DATE RECEIVED (Mo, Day, Yr) <b>NOV - 9 2001</b>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



DOH 01-003 (10/16)



# 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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<b>Required</b>	<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"/> 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:**

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:      Date:      Printed name:

16b. Signature of 2<sup>nd</sup> parent (if required):      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**

- 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.

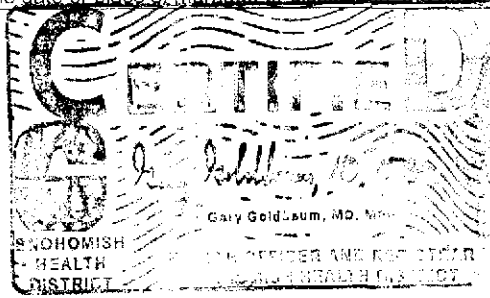
**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**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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