

WHEN RECORDED RETURN TO:

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



201609010049

Skagit County Auditor

\$35.00

9/1/2016 Page

1 of

3 11:37AM

Document Title: Death Certificate of Estate of LEWIS A. BOYD, deceased

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

1. BOYD, LEWIS A., deceased
2. *Grantor*

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

1. State of WA.

Land Title and Escrow

#156200-

Legal description (abbreviated):

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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

Local File Number: **1921** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST LEWIS AMOS BOYD			2. Death Date June 11, 2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 91	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Snohomish
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) WA		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) white		12. Was Decedent ever in U.S. Armed Forces? yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 3217 Rockefeller				13b. City or Town Everett	
13c. Residence: County Snohomish		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98201
14. Estimated length of time at residence. 12 years		15. Marital Status at Time of Death widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). Equipment Technician			18. Kind of Business/Industry (Do not use Company Name) Telephone Company		
19. Father's Name (First, Middle, Last, Suffix) Lewis Alan Boyd			20. Mother's Name Before First Marriage (First, Middle, Last) Amanda		
21. Informant's Name Lewis Alan Boyd		22. Relationship to Decedent son	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1127 Hoyt AVE Everett WA 98201		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) Providence Regional Medical Center Everett-Colby			26a. City, Town, or Location of Death Everett	26b. State WA	27. Zip Code 98201
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cypress Lawn Memorial Park		30. Location-City/Town, and State Everett, Washington	
31. Name and Complete Address of Funeral Facility Purdy & Walters w/ Cassidy 1702 Pacific AVE Everett WA 98201				32. Date of Disposition June 16, 2012	
33. Funeral Director Signature X <i>Levi W. Sutton</i> Levi W. Sutton #1721					

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. **Acute Multi Organ System Failure** Interval between Onset & Death: **3+ days**

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

b. **(Respiratory + Cardiac Failure)** Interval between Onset & Death: **5 days**

c. **Acute on Chronic Systolic Heart Failure Exacerbation** Interval between Onset & Death: **8+ days**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
1) Probable Urinary Tract Infection

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death:
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female:
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No Unknown

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

42. Hour of injury (24hrs)

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

44. Injury at Work? Yes No Unk

45. Location of injury: Number & Street City or Town: County: State: Zip Code + 4: Apt. No.

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.
Shaymen Henderson

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)
Shaymen Henderson - 1321 Colby Everett WA

50. Hour of Death (24hrs)
1905

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

52. Date Signed (mm/dd/yyyy)
06/12/2012

53. Title of Certifier: **ARSP**

54. License Number: **7200129**

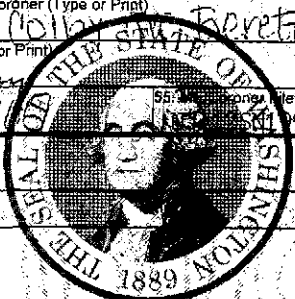
55. Medical Examiner/Coroner File Number: **191**

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

57. Registrar Signature:
Mary Goldbaum MD, MPH

58. Date Received (mm/dd/yyyy)
JUN 14 2012

59. Amendments



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (12/11)



Affidavit for Correction

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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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 Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

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

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

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

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

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-204), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(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.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Adult (18 years or older)

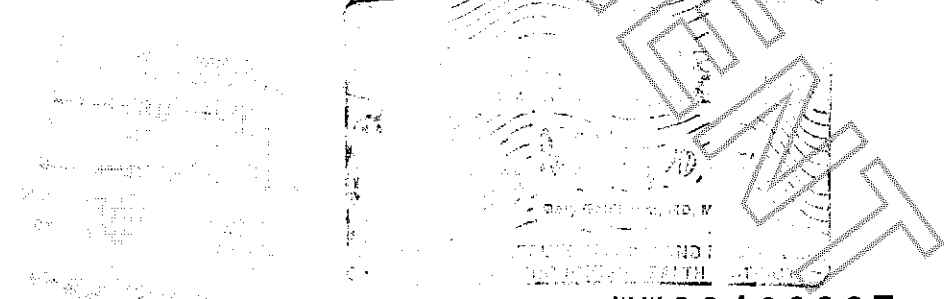
- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first and/or middle name is misspelled, two pieces of documentary proof are required.
- To correct birth date, place of birth or parent's information, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (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, or 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.



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