

When recorded return to:
Gordon A. Burton
100 Fairfield Drive
Winchester, VA 22602



201609160093

Skagit County Auditor \$35.00
9/16/2016 Page 1 of 3 1:23PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620028806

CHICAGO TITLE

620028806

DOCUMENT TITLE(S)

Certificate of Death

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

Additional reference numbers on page _____ of document

GRANTOR(S)

Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Burton, Margaret Kathleen

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 143 Cedar Heights PUD 1, Phase 2

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P126198 / 4929-000-143-0000

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-033806

DATE ISSUED: 08/23/2016

FEE NUMBER: 1760162856

GIVEN NAMES: MARGARET KATHLEEN
LAST NAME: BURTON

COUNTY OF DEATH: KING
DATE OF DEATH: AUGUST 20, 2016
HOUR OF DEATH: 01:18 P.M.
SEX: FEMALE
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: LONDON, UNITED KINGDOM

MARITAL STATUS: MARRIED
SPOUSE: GORDON BURTON

OCCUPATION: SECRETARY
INDUSTRY: MEDICAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: KATHERINE BURTON
RELATIONSHIP: DAUGHTER
ADDRESS: 100 FAIRFIELD DR., WINCHESTER, VA 22602

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - CHERRY HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 4472 SHANTEL ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982743025
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: JOHN HICKEY
MOTHER/PARENT: NORA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: AUGUST 22, 2016

FUNERAL FACILITY: ELEMENTAL CREMATION & BURIAL - BELLEVUE
ADDRESS: 10900 NE 8TH STREET STE 1000
CITY, STATE, ZIP: BELLEVUE WA 98004
FUNERAL DIRECTOR: JEFF P. JORGENSEN

CAUSE OF DEATH:

- A. BRAIN HERNIATION
INTERVAL: HOURS
- B. BRAIN COMPRESSION
INTERVAL: HOURS
- C. CEREBRAL EDEMA
INTERVAL: HOURS
- D. ACUTE ISCHEMIC STROKE
INTERVAL: HOURS

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION CORONARY ARTERY DISEASE NON HODGKIN'S LYMPHOMA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

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

CERTIFIER NAME: JENNIFER M. HARTLEY, ARNP
TITLE: ARNP
CERTIFIER
ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE WA 98122
DATE SIGNED: AUGUST 20, 2016



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
JENNIFER HARTLEY ARNP

LOCAL DEPUTY REGISTRAR:
DIANE BOGAN
DATE RECEIVED: AUGUST 22, 2016

DOH 01-003 (10/15)



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
Required information must match current information on record				
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"/> 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 foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd 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

- 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

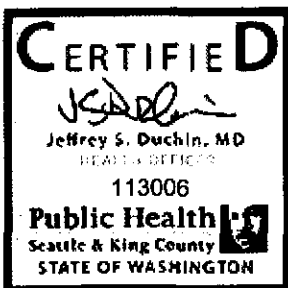
To change any part of the name of a child, signatures from both parents listed on the birth certificate are required. If one parent is deceased, submit a death certificate with request. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executor/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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