

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-021843

DATE ISSUED: 08/10/2015

FEE NUMBER: 000000029

GIVEN NAMES: MARY E
LAST NAME: EBEL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 04, 2015
HOUR OF DEATH: 11:50 P.M.
SEX: FEMALE
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: NOT CLASSIFIABLE

MARITAL STATUS: MARRIED
SPOUSE: DONALD C. EBEL

OCCUPATION: UNKNOWN
INDUSTRY: UNKNOWN
EDUCATION: UNKNOWN
US ARMED FORCES? NO

INFORMANT: DONALD C. EBEL
RELATIONSHIP: SPOUSE
ADDRESS: 40377 CHALLENGER ROAD, CONCRETE, WA 98237

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 40377 CHALLENGER ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 40377 CHALLENGER ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237403
INSIDE-CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: UNKNOWN

FATHER: UNKNOWN
MOTHER: UNKNOWN

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: LIFE LEGACY FOUNDATION
CITY, STATE, ZIP: TUCSON, AZ
DISPOSITION DATE: AUGUST 07, 2015

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON
ADDRESS: 6942 S. 196TH ST.
CITY, STATE, ZIP: KENT WA 98032
FUNERAL DIRECTOR: KATRINA M. MITCHELL

CAUSE OF DEATH:

- A. ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
- B. CONGESTIVE HEART FAILURE, CHRONIC, SYSTOLIC
INTERVAL: YEARS
- C. SEVERE PERIPHERAL VASCULAR DISEASE
INTERVAL: YEARS
- D. CORONARY ARTERY DISEASE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANEMIA OF UNCLEAR ETIOLOGY, ABOVE KNEE AMPUTATION DUE TO PERIPHERAL VASCULAR DISEASE

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? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LISA IVANJACK
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1909 214TH STREET SE, SUITE 300
CITY, STATE, ZIP: BOTHELL WA 98102
DATE SIGNED: AUGUST 06, 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:
LISA IVANJACK MD

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: AUGUST 07, 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"/> Record Type: <input type="checkbox"/> Births <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)
	1. Name of Record: _____ 2. Date of Event: _____ 3. Place of Event: _____
	4. Mother/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 foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____
 Printed name: _____ Date: _____ 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)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates:

1. 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
2. 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"
3. 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 make any change to 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 of the parent.

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

Death Certificates:

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates:

1. 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
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

CERTIFIED

AUG 10 2015

Howard T. Eshandrews
 Skagit County Health Department
 Howard T. Eshandrews M.D. Health Officer

CC00231172

DOH 422-034 January 2015