

When recorded return to:  
Randy Woodhouse,  
Jerry Woodhouse Trust  
C/O 13032 Stewart Road  
Cheyenne, WY 82009



201609270050

Skagit County Auditor \$35.00  
9/27/2016 Page 1 of 3 11:40AM

Filed for record at the request of:



**CHICAGO TITLE**  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620028838

**DOCUMENT TITLE(S)**

Death Certificate

**CHICAGO TITLE**  
W20028838

**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)**

Jerry Eugene Woodhouse

Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Lot(s): 4 SURVEY 9606240092 Tax/Map ID(s):

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P73303 / 4101-192-026-0005

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: 2016-029803

DATE ISSUED: 08/18/2016

FEE NUMBER: 000000029

GIVEN NAMES: JERRY EUGENE  
LAST NAME: WOODHOUSE  
AKA: GERALD EUGENE WOODHOUSE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 21, 2016  
HOUR OF DEATH: 04:35 P.M.  
SEX: MALE  
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: CHEYENNE, WYOMING

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: ELECTRICAL ENGINEER  
INDUSTRY: FEDERAL GOVERNMENT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? YES

INFORMANT: RANDY WOODHOUSE  
RELATIONSHIP: BROTHER  
ADDRESS: 13032 STEWART ROAD, CHEYENNE, WY 82009

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: FIDALGO CARE CENTER  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 15085 OLD DECEPTION MILL LANE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: JOHN WOODHOUSE  
MOTHER/PARENT: HELEN MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE, ZIP: ANACORTES, WA  
DISPOSITION DATE: JULY 25, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:  
A. RUPTURED MYCOTIC AORTIC ANEURYSM  
INTERVAL: 3 WEEKS  
B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
METHICILLIN RESISTANT STAPHYLOCOCCAL DISCITIS CERVICAL AND LUMBAR VERTEBRAE

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

LOCATION OF INJURY:

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

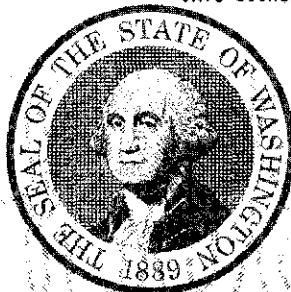
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: NANCY H. LLEWELLYN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: PO BOX 190  
CITY, STATE, ZIP: LA CONNER WA 98259  
DATE SIGNED: JULY 25, 2016

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: NJA #449

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JULY 25, 2016



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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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 for the birth is 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 filing.

**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 422-032 October 2015

**\*CERTIFIED\***  
AUG 18 2016  
*Howard Laibrand*  
Skagit County Health Department  
Howard Laibrand M.D., Health Officer

GG00094514