

When recorded return to:
Donald P. Hurwitz
1771 Sturm Ave
Walla Walla, WA 99362



201610310263

Skagit County Auditor \$35.00
10/31/2016 Page 1 of 3 1:51PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620028063

DOCUMENT TITLE(S)

Death Certificate

CHICAGO TITLE
620028063

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)

Mary Elizabeth Hurwitz

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 25 Hilltop Haven Div III Tax/Map ID(s):

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P83641 / 4512-000-025-0004

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 36.15.010 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

146 1 13925
STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

91

LOCAL FILE NUMBER

1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21. ACC LOC
22. QUERIES
23.
24.

1. NAME First: <u>Mary</u> Middle: <u>Elizabeth</u> Last: <u>Hurwitz</u>			2. SEX (M / F) <u>F</u>		3. DEATH DATE (Mo, Day, Yr) <u>March 12, 2001</u>												
4. AGE LAST BIRTHDAY (Yrs) <u>73</u>		5. UNDER 1 YEAR MOS: <u>73</u> DAYS: <u>00</u> HOURS: <u>00</u> MINS: <u>00</u>		6. UNDER 1 DAY HOURS: <u>00</u> MINS: <u>00</u>		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) <u>Ocala, FL</u>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <u>No</u>		10. COUNTY OF DEATH <u>Island</u>					
11. CITY, TOWN OR LOCATION OF DEATH <u>Coupeville</u>				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 <u>Whidbey Island General Hospital</u>						13. SMOKING IN LAST 15 YEARS? (Yes / No) <u>No</u>							
14. MARITAL STATUS — (Married, Never married, Widowed, Divorced (Specify)) <u>Married</u>			15. SURVIVING SPOUSE (If wife, give maiden name) <u>Donald Hurwitz</u>			16. SOCIAL SECURITY NO. [REDACTED]			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <u>3</u> College (1-4 or 5+): <u>3</u>								
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <u>Registered Nurse</u>			19. KIND OF BUSINESS OR INDUSTRY <u>Public Health</u>			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <u>(Yes / No) Specify:</u>			21. RACE (Specify) <u>White</u>								
22. RESIDENCE — NUMBER AND STREET <u>435 Rose Court</u>			23. CITY/TOWN, OR LOCATION <u>Mount Vernon</u>		24. INSIDE CITY LIMITS? (Yes / No) <u>Yes</u>		25A. COUNTY <u>Skagit</u>		25B. LENGTH OF RES. IN CO. <u>10Y</u>		26. STATE <u>WA</u>		27. ZIP CODE <u>98273</u>				
28. FATHER'S NAME — FIRST, MIDDLE, LAST <u>William Thaddeus Godwin</u>						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <u>Mary Elizabeth [REDACTED]</u>											
30. INFORMANT — NAME <u>Donald Hurwitz</u>				31. MAILING ADDRESS STREET OR RFD NO. <u>435 Rose Court</u> , CITY OR TOWN <u>Mount Vernon</u> , STATE <u>WA</u> , ZIP <u>98273</u>													
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <u>Cremation</u>		33. DATE (Mo, Day, Yr) <u>Mar 13, 2001</u>		34. CEMETERY/CREMATORY — NAME <u>Hawthorne Memorial Park</u>				35. LOCATION — CITY/TOWN, STATE <u>Mount Vernon Washington</u>									
36. FUNERAL DIRECTOR SIGNATURE <u>[Signature]</u>				37. NAME OF FACILITY <u>Hawthorne Funeral Home</u>				38. ADDRESS OF FACILITY <u>1825 E. College Way Mount Vernon, WA 98273-0398</u>									
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER											
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 <u>[Signature]</u>						40. DATE SIGNED (Mo, Day, Yr) <u>3/13/2001</u>											
41. HOUR OF DEATH (24 Hrs) <u>1021</u>						42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Gil Traylor M.D.</u>			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 <u>[Signature]</u>			44. DATE SIGNED (Mo, Day, Yr)			45. HOUR OF DEATH (24 Hrs)		
46. PROMOUNCED DEAD (Mo, Day, Yr)						47. HOUR PRONOUNCED DEAD (24 Hrs)											
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Gil Traylor M.D. 2116 East Section, Mount Vernon, WA 98274</u>						49. ME/CORONER FILE NUMBER											
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:																	
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.				A. <u>Cardiac arrest</u> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>									
				B. <u>Myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>									
				C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH									
				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) <u>No</u>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <u>No</u>									
54. ACC. SUICIDE, HOM., 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: _____ DOCUMENTARY EVIDENCE: _____ DATE: _____						62. REGISTRAR <u>[Signature]</u> Chief Deputy Registrar			63. DATE RECEIVED (Mo, Day, Yr) <u>03-16-01</u>								

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 6-150)



Sequentially list conditions, if any.

BOH 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: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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: _____

16b. Signature of 2nd parent (if required): _____ 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 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

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). 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.
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, minister, or clerk of court (dissolution) must complete and submit the affidavit.

[Handwritten signature]

NOT DESTROY