

Return to:

WHEN RECORDED, RETURN TO:
FIRST AMERICAN TITLE INSURANCE CO.
1500 SOLANA BLVD, BLDG. 6
WESTLAKE, TX 76262
ATTN: RECORDING



Skagit County Auditor
11/16/2016 Page

1 of

4 2:43PM

\$36.00

-Please print or type information **WASHINGTON RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s): DEATH CERTIFICATE
Reference Number(s) of Related Documents:

Grantor(s): Robin Lee Bowlin

Grantee(s): Mike E. Bowlin, surviving spouse

Trustee: FIRST AMERICAN TITLE INS CO
Abbre. Legal description: Lot 12, West Trumpeter
Skagit County, WA
Sec: 16-Twn: 34N-Rng: 04E
Complete Legal Description - Exhibit A
Property Tax Parcel/Account Number: P83806

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

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Luther W Short - As Agent First American
SIGNATURE OF REQUESTOR

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 875-09		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST			2. Death Date		
Robert Lee Bowlin			10/16/2009		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
M	54	Months	Days	Hours	Minutes
7. Birthdate		8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education	
		Alhambra	California	Bachelor's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No
No			Caucasian		No
13a. Residence Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
2322 N Trumpeter Drive				Mount Vernon	
13c. Residence County		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit			Washington	98273	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
9 years		Married		Mikel Bowlin	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Financial Analyst			Engineering		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Paul Baumgarten			-u- -u-		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Mikel Bowlin		Spouse	2322 N Trumpeter Drive Mount Vernon WA 98273		
24. Place of Death, if Death Occurred in a Hospital: Residence					
25. Facility Name (if not a facility, give number & street or location)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
2322 N Trumpeter Drive			Mount Vernon	WA	98273
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Hawthorne Memorial Park		Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Alpha-Omega Burial and Cremation Service 2021 E. College Way Mount Vernon WA				Oct. 20, 2009	
33. Funeral Director Signature X <i>Kubuff</i>					
Cause of Death (See instructions and examples)					
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. <i>colorectal cancer</i>		Interval between Onset & Death <i>months</i>
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. Due to (or as a consequence of):		Interval between Onset & Death
			c. Due to (or as a consequence of):		Interval between Onset & Death
			d. Due to (or as a consequence of):		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death:		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, woodlot/area)		
45. Location of Injury: Number & Street:		47. If transportation injury, specify:			
City or Town:		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred		48. 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)		50. Hour of Death (24hrs)		52. Date Signed (MM/DD/YYYY)	
Paul Johnson, 819 S 13th St. Mount Vernon, WA 98274		2200		10-19-09	
51. Name and Title of Attending Physician (other than Certifier) (Type or Print)		54. License Number		55. ME/Coroner File Number	
		M000016435		NJA-521	
53. Title of Certifier		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		58. Date Received (MM/DD/YYYY)	
Physician				OCT 20 2009	
57. Registrar Signature X <i>Corne Anderson</i>		59. Amendments			



DOH-CHS 003 Rev 07/09/07



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 226-7330

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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 Telephone Number: _____
 Funeral Director Other (Specify): _____

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday)
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DPH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change if a 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.

DOI/CHS 023 (Rev. 9/2007)

CERTIFIED
 OCT 21 2009
 [Signature]
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer

SS00164135

EXHIBIT 'A'

File No.: **8736465n (ts)**
Property: **2322 N TRUMPETER DR, MOUNT VERNON, WA 98273**



LOT 12, WEST TRUMPETER, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 14 OF PLATS, PAGE 106, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

FOR INFORMATION ONLY:

LOT 12, WEST TRUMPETER SEC. 16 - TWP: 34N - RNG: 04E

A.P.N. P83806

 **BOWLIN**
51601789
FIRST AMERICAN ELS
DEATH CERTIFICATE COPY


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FIRST AMERICAN TITLE INSURANCE CO.
1500 SOLANA BLVD, BLDG. 6
WESTLAKE, TX 76262
ATTN: RECORDING*

UNOFFICIAL DOCUMENT