



201612160182

Skagit County Auditor

\$36.00

12/16/2016 Page

1 of

4 3:24PM

WHEN RECORDED RETURN TO:

Barbara Isham
3406 West 4100 South
West Valley City, UT 84119

GUARDIAN NORTHWEST TITLE CO

112762

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

State of Washington

GRANTEE:

Barbara Isham

ABBREVIATED LEGAL DESCRIPTION:

Lot B-13 and B-14, , Maddox Highlands Condominium II, according to the Plat thereof filed in Volume 18 of Plats at Page(s) 575, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

P119420, 4798-001-002-0000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **600-06**

Washington State Certificate of Death

State File Number

6 73388

1. Legal Name (include AKA's if any) First Middle LAST Suffix Karl Michael ISHAM				2. Death Date Oct 7, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 50	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Des Moines		8b. (State or Foreign Country) Iowa		9. Decedent's Education Some College
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g. 524 SE 5th St.) (Include Apt. No.) 1400 Lindsay Loop Rd. Unit 2				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98274-
14. Estimated length of time at residence 4y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Barbara Graham	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Software Architect				18. Kind of Business/Industry (Do not use Company Name) Xantrex Technology Inc.	
19. Father's Name (First, Middle, Last, Suffix) Claude Isaham				20. Mother's Name (First, Middle, Last) Nelda [REDACTED]	
21. Informant's Name Barbara Isaham		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town, State 1400 Lindsay Loop Rd. # 2 Mount Vernon WA 98274-	
24. Place of Death, if Death Occurred in a Hospital: Emergency Room			25. Facility Name (If not a facility, give number & street or location) Skagit Valley Hospital		
26a. City, Town, or Location of Death Mount Vernon		26b. State WA		27. Zip Code 98274	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location: City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1925 E. College Way Mount Vernon, WA 98273-0398					32. Date of Disposition Oct 9, 2006
33. Funeral Director Signature X [Signature]					
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. Pulmonary thromboembolus				Interval between Onset & Death minutes	
Due to (or as a consequence of):					
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. Deep Vein Thrombosis				Interval between Onset & Death weeks	
Due to (or as a consequence of):					
c. Right Ankle Fracture				Interval between Onset & Death weeks	
Due to (or as a consequence of):					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 09/10/2006	42. Hour of Injury (24hrs) Unknown	43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) wooded area		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: MT. Vernon County: Skagit State: WA Zip Code + 4: 98273					
46. Describe how injury occurred walking Twisted Right ankle causing fracture					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X				48b. Medical Examiner/Coroner-On 10/10/06 I examined the body of Karl Michael Isaham, and I certify that he died at the time, date, and place, and due to the cause(s) and manner stated. X [Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Daniel Dempsey Skagit County Courthouse, Mount Vernon, WA 98273				50. Hour of Death (24hrs) 0904	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 10-8-06	
53. Title of Certifier Deputy Coroner		54. License Number 132-06		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature [Signature]				58. Date Received (mm/dd/yyyy) OCT -9 2006	
59. Amendments					



DOHCHS 003 Rev 2/06/2004

DOH 01-003 (10/15)



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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	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"/> 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:

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 nd parent (if required):
Printed name:	Printed name:
Date:	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)

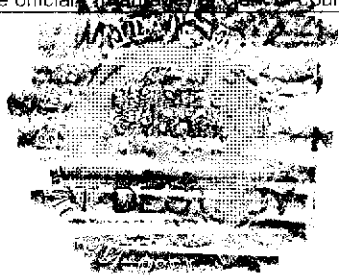
Death Certificates

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 official (marriage or dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



GG00178943

FILED

SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SKAGIT COUNTY

NOV 7 2006

ESTATE OF:

CASE NO. 06-4-00308-0

NANCY K. SCOTT, CO. CLERK

KARL MICHAEL ISHAM

LETTERS OF ADMINISTRATION

Deceased

Deputy

I. BASIS

1.1 KARL MICHAEL ISHAM late of Skagit County died intestate on or about OCTOBER 7, 2006 leaving property in this state subject to administration.

1.2 On NOVEMBER 7, 2006 the court appointed BARBARA ISHAM to administer the estate of the decedent according to law.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT BARBARA ISHAM is authorized by the court to administer the estate of the above decedent according to law.

DATED NOVEMBER 7, 2006.

NANCY SCOTT

COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Kristen A. Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I, NANCY SCOTT, Clerk of the Superior Court of this County, certify that the above is a true and correct copy of the Letters of Administration in the above-named case which was entered of record on NOVEMBER 7, 2006.

I further certify that these letters are now in full force and effect.

DATED _____

NANCY SCOTT

COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

I, MAVIS E. BETZ, Clerk of the Superior Court of the State of Washington, for Skagit County, do hereby certify that this is a true copy of the original now on file in my office. Dated 12-15-10

Deputy Clerk

MAVIS E. BETZ, County Clerk

By: [Signature]
Deputy Clerk

