



201701200065

Skagit County Auditor

\$35.00

1/20/2017 Page

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3 11:57AM

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WHEN RECORDED RETURN TO:

Land Title Company
111 E. George Hopper Road
Burlington, WA 98223

01-160821-SE, 01-160821-SE

DOCUMENT TITLE(S):

Death Certificate File No. 1397 Certificate Number 2016-015368

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

01-160821-OE

GRANTOR:

STATE OF WASHINGTON

Land Title and Escrow

GRANTEE:

Julie Ann Bagocki

01-160821-
se

ABBREVIATED LEGAL DESCRIPTION: Lots 14-16 & Ptn. Lot 13, Blk 105, Town of Sedro

TAX PARCEL NUMBER(S): 4152-105-016-000 P120804

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-015368

LOCAL FILE NUMBER: 1397

DATE ISSUED: 04/14/2016

FEE NUMBER: 0000310416

GIVEN NAMES: JULIE ANN
LAST NAME: BAGOCKI

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: APRIL 12, 2016
HOUR OF DEATH: 09:45 A.M.
SEX: FEMALE
AGE: 58 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JOSEPH M. BAGOCKI

OCCUPATION: COMPUTER OPERATOR
INDUSTRY: PLASTICS DISTRIBUTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JOSEPH M. BAGOCKI
RELATIONSHIP: SPOUSE
ADDRESS: 730 RHODORA HEIGHTS ROAD, LAKE STEVENS, WA 98258

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED. CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 130 RHODORA HEIGHTS ROAD
CITY, STATE, ZIP: LAKE STEVENS, WASHINGTON 98258
INSIDE CITY LIMITS? YES
COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: EDWARD REICHEL
MOTHER/PARENT: LOIS [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: APRIL 14, 2016

FUNERAL FACILITY: NEPTUNE SOCIETY - SNOHOMISH
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JOHN K. MOODY

- CAUSE OF DEATH:
- A. RESPIRATORY FAILURE
INTERVAL: DAYS
 - B. ASPERGILLOSIS
INTERVAL: UNKNOWN
 - C. SQUAMOUS CELL CARCINOMA OF THE LUNG
INTERVAL: UNKNOWN
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: MARGARET A. MULLIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1700 13TH STREET
CITY, STATE, ZIP: EVERETT WA 98201
DATE SIGNED: APRIL 13, 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARTHA RUIZ
DATE RECEIVED: APRIL 14, 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
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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 of 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:

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 forgoing is true and correct

16a. Signature: _____	16b. Signature of 2 nd 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

- 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 says the name 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 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

- 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 422-034 October 2015

