201703070057
Skagit County Auditor $35.00
3/7/2017 Page 1 of 3 2:52PM

WHEN RECORDED RETURN TO:
Allan Thompson Jr.
18859 Quail Drive
Mount Vernon, WA 98274

FILED FOR RECORD SKAGIT COUNTY

02-161341-FE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
ALLAN LAVERNE THOMPSON

ABBREVIATED LEGAL DESCRIPTION:

TAX PARCEL NUMBER(S):
P56278

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 290-11

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) — First: Allan; Middle: LaVerne; LAST: Thompson; Suffix:
2. Death Date: 03/28/2011
3. Sex: Male
4a. Age - Last Birthday: 78
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Skagit
7. Birthdate: [redacted]
8a. Birthplace (City, Town, or County): Rolling Bay
8b. (State or Foreign Country): WA
9. Decedent's Education: 10th Grade
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): Caucasian
12. Was Decedent ever in U.S. Armed Forces?: Yes
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.): 2203 23rd St
13b. City or Town: Anacortes
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: WA
13f. Zip Code + 4: 98221
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 54 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Joyce Arlene Estabrook
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.): Boiler Fireman
18. Kind of Business/Industry (Do not use Company Name): Paper Products
19. Father's Name (First, Middle, Last, Suffix): Warren E. Thompson
20. Mother's Name Before First Marriage (First, Middle, Last): Jennette [redacted]
21. Informant's Name: Joyce Thompson
22. Relationship to Decedent: Spouse
23. Mailing Address (Number and Street or RFD No., City or Town, State, Zip): 2203 23rd St Anacortes, WA 98221
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home
25. Facility Name (If not a facility, give number & street or location): 2203 23rd St
26a. City, Town, or Location of Death: Anacortes
26b. State: WA
27. Zip Code: 98221
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Neptune Society Cremation Services
30. Location-City/Town, and State: Kent, WA
31. Name and Complete Address of Funeral Facility: Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036
32. Date of Disposition: 04/05/2011
33. Funeral Director Signature X: Les Lippitt

Part 2 completed by Certifier

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. Adrenal Cancer — Interval between Onset & Death: 3 months

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
Due to (or as a consequence of):
b. — Interval between Onset & Death:
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: NONE
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No.: City or Town: County: State: Zip Code + 4:
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician - To the best of my knowledge, death occurred at the hour, date and due to the cause(s) and manner stated. X Michael C. James
48b. 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. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Michael C. James 2511 M Ave Anacortes, WA 98221
50. Hour of Death (24hrs): 1800
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 3/30/11
53. Title of Certifier: MD
54. License Number: MD 0002 47914
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: Maria D. Vivanco, Deputy Registrar
58. Date Received (MM/DD/YYYY): APR 04 2011
59. Amendments:

DOH/CHS 003 Rev 07/09/07

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

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

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

16b. Signature of 2nd 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

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

DOH 422-004 October 2015

CERTIFIED

MAR 03 2017

Skagit County Health Department
Howard Leibrand M.D., Health Officer

Certificate not valid unless the Seal of the State of Washington changes color when held applied

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