



201703170007

Skagit County Auditor

\$35.00

3/17/2017 Page

1 of

3 9:22AM

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
P.O. Box 445
Burlington, WA 98233

01-161358-OE, 01-161358-OE ✓

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Krieg, Frances Marguerite

Land Title and Escrow

ABBREVIATED LEGAL DESCRIPTION:

Ptn NE ¼, 17-36-4 E W.M.

TAX PARCEL NUMBER(S):

P49294

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **344-07** Washington State Certificate of Death State File Number **7 52825**

1. Legal Name (include AKA if any) First Middle LAST Suffix FRANCES MARGUERITE KRIEG		2. Death Date April 27, 2007	
3. Sex (M/F) Female	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Birthplace (City, Town, or County) Whidbey Island Washington		6. Social Security Number [REDACTED]	
7. Decedent's Education Some College - no degree		8. County of Death Skagit	
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? No			
13a. Residence: Number and Street (e.g., 524 SE 5 th St.) (include Apt. No.) 2588 Lake Whatcom Blvd.		13b. City or Town Bellingham	
13c. Residence: County Whatcom		13d. Tribal Reservation Name (if applicable)	
13e. State or Foreign Country Washington		13f. Zip Code + 4 98229	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 47 years		15. Marital Status at Time of Death Married	
16. Surviving Spouse's Name (Give name prior to first marriage) John H. Krieg			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED). Secretary		18. Kind of Business/Industry (Do not use Company Name) Pulp Mill	
19. Father's Name (First, Middle, Last, Suffix) Elmer C. Morris		20. Mother's Name Before First Marriage (First, Middle, Last) Anna [REDACTED]	
21. Informant's Name John H. Krieg		22. Relationship to Decedent Husband	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2588 Lake Whatcom Blvd. Bellingham, WA 98229			
24. Place of Death, if Death Occurred in a Hospital:		25. Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home/Long-Term Care Facility	
25. Facility Name (If not a facility, give number & street or location) Home Place Special Care Center		26a. City, Town, or Location of Death Burlington	
26b. State WA		27. Zip Code 98233	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Greenacres Crematory	
30. Location-City/Town, and State Ferndale, Washington			
31. Name and Complete Address of Funeral Facility Moles - Bellingham 2465 Lakeway Dr., Bellingham, WA 98229		32. Date of Disposition May 2, 2007	
33. Funeral Director Signature <i>Kirk Lowrey</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)		Interval between Onset & Death	
a. Natural Causes		1 week	
Due to (or as a consequence of):		Interval between Onset & Death	
b. Alzheimer's Dementia		Unknown	
Due to (or as a consequence of):		Interval between Onset & Death	
c.		Interval between Onset & Death	
Due to (or as a consequence of):		Interval between Onset & Death	
d.		Interval between Onset & Death	
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 <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 checked="" 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)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: City or Town County State Zip Code + 4		46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) as stated.		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.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edwin Stickle, MD, 1990 Hospital Dr. #100, Sedro-Woolley, WA 98284		50. Hour of Death (24hrs) 2245 Hrs.	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy) 04/30/2007	
53. Title of Certifier M. D.	54. License Number MD00034310	55. ME/Coroner File Number NJA -133	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Luciana Rocha, Deputy</i>		58. Date Received (mm/dd/yyyy) MAY 2 2007	
59. Amendments #16, 20 & 21 DA 352780 7/10/07			

DOHCHS 003 Rev 2/06/2004



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: _____ 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

- 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 422-031 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christine Spivey, State Registrar

Christine Spivey



Certificate not valid unless the Seal of the State of Washington (changes color when heat applied)