



201704190045

Skagit County Auditor

\$35.00

4/19/2017 Page

1 of

3 2:06PM

Document Title:

Death Certificate

Reference Number : AFN 9707150062

Grantor(s):

☐ additional grantor names on page ____.

1. ROLLMAN, John Charles

2.

Grantee(s):

☐ additional grantee names on page ____.

1.

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Lot 1, Plat of Brittwood, as per plat recorded in Volume 15 of Plats, Pages 31 and 32, records of Skagit County, Washington

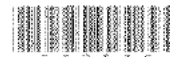
Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

4578-000-001-0000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-017082

DATE ISSUED: 04/14/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN CHARLES

LAST NAME(S): ROLLMAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 12, 2017

HOUR OF DEATH: 03:45 PM

SEX: MALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, KING COUNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: SANDRA L CROFT

OCCUPATION: REPAIR

INDUSTRY: COPY MACHINES

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: SANDY ROLLMAN

RELATIONSHIP: WIFE

ADDRESS: 1029 VERA COURT MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: MONTHS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VALVULAR HEART DISEASE
AND ARRHYTHMIA

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1029 VERA COURT

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1029 VERA COURT

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: LAWRENCE ROLLMAN

MOTHER/PARENT: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 14, 2017

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 13, 2017

CASE REFERRED TO MEICORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: APRIL 13, 2017



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: <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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital		

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 _____ Date _____

16b. Signature of 2nd parent (if required): _____ 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 <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• 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.
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*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.

