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Skagit County Auditor
5/11/2017 Page 1 of 3 3:51PM $35.00

Document Title: *Land Title and Escrow*

Death Certificate

Reference Number : 02-162330

Grantor(s): ☐ additional grantor names on page __.

1. Deanna Kay Malseed

2.

Grantee(s): ☐ additional grantee names on page__.

1. public

2.

Abbreviated legal description: ☐ full legal on page(s) __.

Lot 42 & Ptn Lot 41, Skyline #3

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page __.

P59146 and P59147

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 264-07

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Deanna Middle: Kay LAST: MALSEED Suffix:
2. Death Date: Apr 3, 2007
3. Sex (M/F): F
4a. Age – Last Birthday: 65
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: 458-68-3411
6. County of Death: Skagit
7. Birthdate: Jan 18, 1942
8a. Birthplace (City, Town, or County): Taylor
8b. (State or Foreign Country): Texas
9. Decedent's Education: Bachelor of Arts Degree
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., 624 SE 5th St.) (Include Apt. No.): 1702 Sterling Drive
13b. City or Town: Anacortes
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98221
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence.: 26 years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): David Thomas Malseed
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): School Teacher
18. Kind of Business/Industry (Do not use Company Name): Public Schools
19. Father's Name (First, Middle, Last, Suffix): Joseph Bibb Gossett
20. Mother's Name Before First Marriage (First, Middle, Last): Mable Elaine Carlson
21. Informant's Name: David Malseed
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No.: 1702 Sterling Drive City or Town: Anacortes State: WA Zip: 98221
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 1702 Sterling Drive
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): Northwest Crematory
30. Location-City/Town, and State: Anacortes, Washington
31. Name and Complete Address of Funeral Facility: Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-
32. Date of Disposition: Apr 6, 2007
33. Funeral Director Signature X: Lenard J. Sullivan

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. Asphyxia — 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. Hanging — Interval between Onset & Death: Minutes
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: Depression
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): April 3, 2007
42. Hour of Injury (24hrs): 19:30
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): Home
44. Injury at Work? ☐ Yes ☒ No ☐ Unk
45. Location of Injury: Number & Street: 1702 Sterling Drive Apt No.: City or Town: Anacortes County: Skagit State: WA Zip Code+ 4: 98221
46. Describe how injury occurred: Person hung self using rope in residence due to depression issues
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
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 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 Robert M Clark
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Dept Coroner Robert Clark Skagit County Courthouse, Mount Vernon, WA 98273
50. Hour of Death (24hrs): 19:30 PM
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): April 4, 2007
53. Title of Certifier: Dept Coroner
54. License Number:
55. ME/Coroner File Number: # 063-07
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X Connie Anderson Deputy
58. Date Received (MM/DD/YYYY): APR - 4 2007
59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

Washington State Department of Health

Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record.

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other (Specify)**	Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:
- Certificate of Naturalization
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
   - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

APR 09 2007

H Leibrand MD 0000267580

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