

Return Address:



201705310157

Skagit County Auditor

\$35.00

5/31/2017 Page

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3 4:23PM

Document Title:

Certificate of Death

Reference Number (if applicable):

P54456

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1) Elizabeth Ann <sup>LMS</sup> Hoare

2) \_\_\_\_\_

Grantee(s):

☐ additional grantor names on page \_\_\_\_

1) Betty and Don Hoare Properties LLC

2) \_\_\_\_\_

Abbreviated Legal Description:

☐ full legal on page(s) \_\_\_\_

Lts 2 + 3 Bk 1 Sunnyside to Mt. Vernon

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page \_\_\_\_

p 54456

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/27/2017

FEE NUMBER:

CERTIFICATE NUMBER: 2012-011403

FIRST AND MIDDLE NAME(S): ELIZABETH ANN  
LAST NAME(S): HOARE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 09, 2012  
HOUR OF DEATH: 06:05 PM  
SEX: FEMALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: MOUNTAIN GLEN RETIREMENT COMMUNITY  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1810 E DIVISION ST APT 429  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

FATHER/PARENT: ALBERT LAUREL LANGEDAHL  
MOTHER/PARENT: ANNA [REDACTED]

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BISMARCK, NORTH DAKOTA

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 13, 2012

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

FUNERAL FACILITY: KERN FUNERAL HOME

INFORMANT: PATRICIA L STRACHILA  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1509 N 19TH ST, MOUNT VERNON, WA 98273

ADDRESS: 1122 SOUTH THIRD STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:

A: RESPIRATORY FAILURE DUE TO SEVERE PERSISTENT ASTHMA  
INTERVAL: YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PAROXYSMAL ATRIAL  
FIBRILLATION, MAJOR DEPRESSION WITH ANXIETY, CHRONIC VENOUS  
INSUFFICIENCY

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: JHOANNA SANTOS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1400 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: SEPTEMBER 11, 2012

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA-514  
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: SEPTEMBER 12, 2012

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



# 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
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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 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"/> 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:

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:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 422-034 October 2015

# \*CERTIFIED\*

MAR 27 2017

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



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