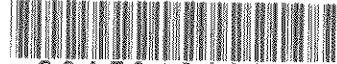


Recording Requested By
First American Mortgage Solutions

Return Address:
Northwest Trustee Services, Inc.
511 SW 40th Ave., Suite 400
Portland, OR 97205



201706010063

Skagit County Auditor \$35.00
6/1/2017 Page 1 of 3 1:49PM

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Death Certificate

GUARDIAN NORTHWEST TITLE CO.

113402

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document

1. Washington

Grantee(s) Exactly as name(s) appear on document

1. Jerry W. Anderson.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Ptn. Lot 12, Block 5, Bingham Acreage

Assessor's Property Tax Parcel/Account Number Assessor Tax # not yet assigned

38640050120000

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting

Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **2376** Washington State Certificate of Death State File Number **2014 43373**

35175

1. Legal Name (include AKAs if any) First Middle LAST Suffix Jerry William Anderson				2. Death Date 02/28/2014	
3. Sex (M/F) Male	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death King
7. Birthdate Stanwood		8a. Birthplace (City, Town, or County) WA		8b. Education High school graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 23176 Buchanan Place				13b. City or Town Mount Vernon	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA		13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 9 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jeanette Rockstad			
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED).) Sergeant			18. Kind of Business/Industry (Do not use Company Name) Military		
19. Father's Name (First, Middle, Last, Suffix) William Anderson			20. Mother's Name Before First Marriage (First, Middle, Last)		
21. Informant's Name Cindy Maxwell		22. Relationship to Decedent Legal Guardian	23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 28395, Bellingham, WA 98228		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) VA Puget Sound Health Care System		26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98018	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) American Memorial Assoc. #69		30. Location-City/Town, and State Renton, WA	
31. Name and Complete Address of Funeral Facility American Memorial F.D. Inc. 100 Blaine Ave. NE Renton, WA 98056				32. Date of Disposition 03/05/2014	
33. Funeral Director Signature X 					
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. Sepsis			Interval between Onset & Death days		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. Bacteremia			Interval between Onset & Death days		Due to (or as a consequence of):
c. Urinary tract infection			Interval between Onset & Death weeks		Due to (or as a consequence of):
d.			Interval between Onset & Death		Due to (or as a consequence of):
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Multiple sclerosis			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 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 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 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				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner VA Puget Sound Health Care System	
50. Name and Title of Attending Physician (if other than Certifier) (Type or Print) Kanishka Garvin, MD/Attending				51. Hour of Death (24hrs) 0820 hours	
52. Date Signed (MM/DD/YYYY) 02/28/2014				53. Title of Certifier MD	
54. License Number ML60374830		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X				58. Date Received (MM/DD/YYYY) MAR 03 2014	
59. Amendments					

NOT VALID IF PHOTOCOPIED OR ALTERED



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
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Required

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 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

- 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

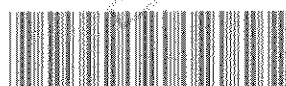
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

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
Christie Spivey, State Registrar

Christie Spivey

DOH 422-032 October 2015

Certificate not valid unless the Seal of the State of Washington changes color when held against light.



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