

WHEN RECORDED RETURN TO:

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



201706160087

Skagit County Auditor

\$35.00

6/16/2017 Page

1 of

3 11:41AM

01-162757-OE, 01-162757-OE

DOCUMENT TITLE(S):

Death Certificate

Land Title and Escrow
01-162757

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Dorothy Inez Garcia

ABBREVIATED LEGAL DESCRIPTION:

Lot 22, Tillinghast/Dalan Estates

TAX PARCEL NUMBER(S):

P122311

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-007921

DATE ISSUED: 04/27/2015

FEE NUMBER: 4604111195

GIVEN NAMES: DOROTHY INEZ
LAST NAME: GARCIA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 01, 2015
HOUR OF DEATH: 01:55 A.M.
SEX: FEMALE
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: UNKNOWN

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: GUTHRIE, LOGAN CNTY, OKLAHOMA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: UNKNOWN
INDUSTRY: UNKNOWN
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JOHN GARCIA
RELATIONSHIP: SON
ADDRESS: 4542 MERRIDOCK CT, SANTA MARIA, CA, 93455

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 602 TILLINGHAST DR
CITY, STATE, ZIP: LA CONNER, WASHINGTON 982574763
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: JOHN GARCIA
MOTHER: DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: MARCH 24, 2015

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: 17910 SR 536
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: CHRIS GARNETT

CAUSE OF DEATH:
A. CHOLANGIOCARCINOMA
INTERVAL: 2 MONTHS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: DATE DISP

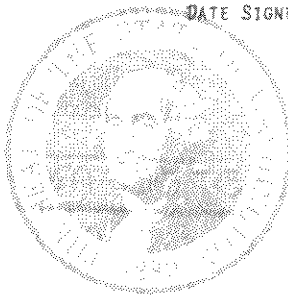
NUMBER(S): 2015061375
DATE(S): 03/30/2015

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: MARCH 18, 2015

CASE REFERRED TO ME/CORONER? NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: MARCH 20, 2015



Affidavit for Correction

Wash. Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360.335-4300
www.doh.wa.gov

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

STATE OFFICE USE ONLY

County: _____ Date Received: _____ Birth: _____ Death: _____ Marriage: _____ Divorce: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record

Reason for change: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution
1. Name of Person: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father (Parent) Full Birth Name: _____ 5. Mother (Parent) Full Birth Name: _____

The record is incorrect or incomplete as follows

6. _____ The record now shows: _____ The true fact is: _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

13. I represent the person as: ☐ Child ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify): _____ Telephone Number: _____

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

14. Signature: _____ 15. Date: _____ 16. Address: _____

Other Notes:

All corrections require documentary proof. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:
Birth Record: _____ Hospital Medical Record: _____ School Transcripts (Official): _____
Marriage Record: _____ Divorce Record: _____ Adult Registration (front and back): _____
Funeral: _____

Birth Certificates

1. The parent(s) of the person whose name is being changed must sign the affidavit.
2. If the person is under 18 years of age, the affidavit must be signed by the parent(s) or guardian(s). If the person is 18 years of age or older, the affidavit must be signed by the person.
3. The affidavit must be signed by the person if the person is 18 years of age or older.
4. If the person is 18 years of age or older, the affidavit must be signed by the person.
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20. If the person is 18 years of age or older, the affidavit must be signed by the person.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DCA 422-032)

Death Certificates

1. The affidavit must be signed by the person whose name is being changed or by the person's spouse or family member.
2. The affidavit must be signed by the person whose name is being changed or by the person's spouse or family member.
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Marriage-Dissolution (Divorce) Certificates

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