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:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: DATE DISP

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

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

DOH 01-003 (6/14)

Affidavit for Correction

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

Mail to: Center for Health Statistics
PO Box 47814
Olympia WA 98504-7814
360-236-4300
www.doh.wa.gov

STATE OFFICE USE ONLY

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:

4. Father/Parent Full Birth Name 5. Mother/Parent Full Birth Name

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(s) as: [ ] Self [ ] Parent [ ] Guardian [ ] Informant Telephone Number
[ ] Funeral Director [ ] Other (Specify)

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

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: School Transcripts (Official), Alien Registration (front and back), Hospital/Medical Record

Birth Certificates

- (18 years or older)
- the registrant themselves can change the birth certificate
- If the first or middle name is absent, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is ... documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required
- ... years old or have been established within five years of birth

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

Death Certificates

... may change the non-medical ... (family members are spouse or ... child or stepchild). Marital status requires a certified copy of ... order if someone other than the ...

... changed only by the certifying physician ...

Marriage/Dissolution (Divorce) Certificates

... for place of birth ... the officiant (marriage) or ... must sign the affidavit.

DO NOT DESTROY

BB00247736