

**WHEN RECORDED RETURN TO:**

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



201706160088  
Skagit County Auditor  
6/16/2017 Page 1 of 3 11:41AM \$35.00

01-162757-OE, 01-162757-OE ✓

**DOCUMENT TITLE(S):**

Death Certificate

*Land Title and Escrow*

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

STATE OF WASHINGTON

**GRANTEE:**

John 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: 2012-013303

DATE ISSUED: 06/14/2017

FEE NUMBER: 68435461

FIRST AND MIDDLE NAME(S): JOHN

LAST NAME(S): GARCIA

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 12, 2012

HOUR OF DEATH: 04:00 AM

SEX: MALE

AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: OTHER: SPANISH

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SANTA ROSA, SONOMA COUNTY, CALIFORNIA

MARITAL STATUS: MARRIED

SPOUSE: DOROTHY INEZ ROBERTSON

OCCUPATION: UNIVERSITY PROFESSOR

INDUSTRY: HIGHER EDUCATION

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: ERIN SARA BEACH-GARCIA

RELATIONSHIP: GRANDDAUGHTER

ADDRESS: 14688 SUMMERS DR, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: CARDIO-RESPIRATORY ARREST

INTERVAL: MINUTES

B: PROGRESSIVE ALZHEIMER'S DISEASE

INTERVAL: 10 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES,  
HYPERTENSION, SEVERE PROSTATIC HYPERTROPHY,  
HYPERCHOLESTEROLEMIA, INTERMITTENT COGNITIVE CONFUSIONAL STATES

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: MIRA VISTA CARE CENTER

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 602 TILLINGHAUS DR

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: BEN GARCIA

MOTHER/PARENT: SARA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 17, 2012

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 SOUTH THIRD STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: REX E. WATT

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

CERTIFIER NAME: STEPHEN M. ALDRICH, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: PO BOX 468

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

DATE SIGNED: OCTOBER 16, 2012

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA-590

ATTENDING PHYSICIAN: STEPHEN ALDRICH, MD

LOCAL DEPUTY REGISTRAR: MEL PEDROSA

DATE RECEIVED: OCTOBER 17, 2012



# 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: \_\_\_\_\_

### 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: _____ 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

- 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.
  - 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.
  - Documentary proof must be five or more years old or established within five years of birth.
- |   |  |
|---|--|
| <b>Child under 18</b> <ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship</li><li>• 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)*</li><li>• After age one, a court order is required to change the last name</li><li>• No proof is required to change the first or middle name*</li><li>• To correct parent's information, one documentary proof is required</li><li>• To correct the sex of the child, one documentary proof from a medical provider is required</li></ul> | <b>Adult (18 years or older)</b> <ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate</li><li>• If the first or middle name is missing, three pieces of documentary proof are required</li><li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul> |
|---|--|

\*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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 422-084 October 2015

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 70.56 RCW, and at the direction of Christine Spice, State Registrar

*Christine Spice*

