201707170175
Skagit County Auditor $35.00
7/17/2017 Page 1 of 3 3:47PM

WHEN RECORDED RETURN TO:
Donna L Anderson
12841 Padilla Bay Lane
Mount Vernon, WA 98273

01-163006-OE, 01-163006-OE

DOCUMENT TITLE(S):
Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
DOROTHY MAE CARROLL

ABBREVIATED LEGAL DESCRIPTION:
Tract 1, Skagit SP#11-75, AF#815801

TAX PARCEL NUMBER(S):
350321-0-010-0207/P34555 and 350321-0-010-0400/P107477

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-012288

DATE ISSUED: 03/28/2016

FEE NUMBER: 0000000029

GIVEN NAMES: DOROTHY MAE
LAST NAME: CARROLL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 24,2016
HOUR OF DEATH: 08:00 A.M.
SEX: FEMALE
AGE: 93 YEARS
SOCIAL SECURITY NUMBER [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: [redacted]

MARITAL STATUS: WIDOWED
SPOUSE:

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

INFORMANT: DONNA C. ANDERSON
RELATIONSHIP: DAUGHTER
ADDRESS: 12841 PADILLA BAY LANE, MOUNT VERNON, WA 98273

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: CREEKSIDE RETIREMENT COMMUNITY
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 400 GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: HENRY KRESSE
MOTHER/PARENT: ZORA IRENE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 25,2016

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:
A. CONGESTIVE HEART FAILURE
INTERVAL: WEEKS
B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC KIDNEY DISEASE, AORTIC VALVE STENOSIS

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 24,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 192
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: MARCH 25,2016

DOH 01-003 (10-15)

Health

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 | File Number | Initials | Date | Affidavit Number

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 ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

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 forgoing is true and correct

16a. Signature | 16b. Signature of 2nd parent (if required)

Printed name | Date | Printed name | Date:

INSTRUCTIONS – go to [illegible] 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
- Certificate of Naturalization
- Military record (DD 214)
- Hospital medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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, [illegible] must prove guardianship
- Up to age [illegible], last name can be changed [illegible] parents' name on certificate [illegible] of first, middle or last names)*
- After age [illegible] 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 acknowledgement form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executor/administrator (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 [illegible] 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 (name spelling changes, 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 official (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-[illegible] October 2015

CERTIFIED

MAR 2 8 2016

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

EE00089563