



201707170178

WHEN RECORDED RETURN TO:

Lynda C Jones
4414 131st PINE
Marysville, WA 98271

Skagit County Auditor

\$35.00

7/17/2017 Page

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3

3:48PM

01-163658-OE, 01-163658-OE

DOCUMENT TITLE(S):

Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

RAY ALANSON HARDING

ABBREVIATED LEGAL DESCRIPTION:

Lots 13 & 14, Blk. K, Cape Horn on the Skagit, Div. #2

TAX PARCEL NUMBER(S):

3869-011-013-0014/P63339 and 3869-011-014-0005/P63340

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **13334** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST 2. Death Date
Ray Alanson Harding 12-14-2014

3. Sex (MF) M 4a. Age - Last Birthday 88 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. [Redacted] 6. County of Death King

7. Birthdate [Redacted] 8a. Birthplace (City, Town, or County) Walla Walla 8b. (State or Foreign Country) Washington 9. Decedent's Education Master's Degree

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 6th St.) (include Apt. No.) 4609 113 Pl. NE 13b. City or Town Marysville
13c. Residence: County Snohomish 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country Washington 13f. Zip Code + 4 98271 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. 55 Years 15. Marital Status at Time of Death Widowed 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Superintendant 18. Kind of Business/Industry (Do not use Company Name) Education

19. Father's Name (First, Middle, Last) Henry Harding 20. Mother's [Redacted] Marriage (First, Middle, Last) Emm

21. Informant's Name Lynda Jones 22. Relationship to Decedent: Daughter 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4414 131st Pl. NE Marysville WA 98271

24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location) Harborview Medical Center 325 9th Ave Seattle WA 98104 26a. City, Town, or Location of Death 26b. State 27. Zip Code

28. Method of Disposition Burial 29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Cemetery Walla Walla, Washington 30. Location-City/Town, and State

31. Name and Complete Address of Funeral Facility Herring Funeral Home, 315 W. Alder, Walla Walla, WA 99362 32. Date of Disposition 12-29-2014

33. Funeral Director Signature X

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. Cardiopulmonary Arrest
Due to (or as a consequence of):
b. Hypoxia
Due to (or as a consequence of):
c. Suspected Pulmonary Embolus
Due to (or as a consequence of):
d.
Interval between Onsets & Death
Hrs
Interval between Onset & Death
Hrs
Interval between Onset & Death
Hrs
Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above Hx) COPD and PE 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes Probably No 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? Yes No 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 Driver/Operator Pedestrian Passenger 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

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Steven Harold Mitchell MD Attending, PR Medicine Seattle, WA 98104 50. Hour of Death (24hrs) 2056

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) 12-15-14

53. Title of Certifier Attending MD 54. License Number MD00044990 55. MRCoroner File Number JA-14-9378 56. Was case referred to MRCoroner? Yes No

57. Registrar Signature X 58. Date Received (MM/DD/YYYY) 12-22-2014

59. Amendments

Affidavit for Correction

Main Center for Health Statistics
P.O. Box 47011
Olympia, WA 98504-7514
360 236-4300
www.cdc.wa.gov

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

STATE OFFICE USE ONLY

The Number Initials Date Affidavit Number

Use the section below for requesting any changes on the record

- Birth Death Marriage Dissolution
 1 Name (last, first) 2 Date of Event 3 Place of Event
 4 Father's Name (Full Birth Name) 5 Mother's Name (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 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 foregoing is true and correct

- 15 Signature _____ 16 Date: _____ 17 Address: _____

All corrections are requested and required. 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, Full Hospital Record, State Social Agency, School Transcripts, Alien Registration (front and back), Hospital/Medical Record, Marriage License Record, Alien Registration (front and back), Hospital/Medical Record, Marriage License Record, Alien Registration (front and back), Hospital/Medical Record

Birth Certificates

- Birth records are public information if the child is under 18; if the named individual is 18 or older, you may change the birth certificate.
- The proof submitted must exactly reflect the asserted true facts. For example, if the name is Mary Ann Doe, then the proof must show the name as Mary Ann Doe. Mr. A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child's name:

 - Child's name can be changed if the parent(s) have authority to act on behalf of the child.
 - If a name on the birth record can be changed only if the named parent(s) have never fully passed full birth name to person on the birth record, or any court order of the law. After age 18 a court order plus name change petition.
 - Parents may change the child's first or middle name by completing this Affidavit (even when 18 years of age).
 - For a child's parents a minimal one documentary proof is required. Proof must be five (5) years old or have been established within five years of birth.
 - For a child's name change, a court order must be provided from a medical process.

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

Death Certificates

- Only the funeral director, or executor/administrators of evidence confirming such position is the person who can change the non-medical information on a death record. Changes if requested by a family member not listed as the informant on the certificate (family members are spouse or immediate family: parents, parent, sibling or aunt, uncle or stepchild). Manual status requires a certified copy of a court order if someone other than the funeral director is providing the proof.
- Only the certifying physician or the coroner/medical examiner can change the cause of death information on a death record.

Marriage/Dissolution (Divorce) Certificates

- Changes to date or place of marriage or divorce may be changed by affidavit (with proof by the person).
- For a change to date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

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