



201707170179

Skagit County Auditor \$35.00
7/17/2017 Page 1 of 3 3:48PM

WHEN RECORDED RETURN TO:

Lynda C Jones
4414 131st PJ NE
Marysville, WA 98271

01-163658-OE, 01-163658-OE ✓

DOCUMENT TITLE(S):

Death Certificate

Hand To and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

BEVERLY MAE 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



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

0812

LOCAL FILE NUMBER

OFFICE USE ONLY

DISTRICT
D3

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCURRENCE

1. NAME First: BEVERLY Middle: MAE Last: HARDING				2. SEX (M / F) FEMALE		3. DEATH DATE (Mo, Day, Yr) 3-29-1998	
4. AGE LAST BIRTHDAY (Yrs) 68		5. UNDER 1 YEAR WKS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) TACOMA, WA	
11. CITY, TOWN OR LOCATION OF DEATH MARYSVILLE				12. PLACE OF DEATH (CHECK FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 4609 113TH PL. N.E.			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED				15. SURVIVING SPOUSE (if wife, give maiden name) RAY ALANSON HARDING		16. SOCIAL SECURITY NO. [REDACTED]	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) HOME MAKER				19. KIND OF BUSINESS OR INDUSTRY OWN HOME		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO	
22. RESIDENCE—NUMBER AND STREET 4609 113TH PL. N.E.		23. CITY/TOWN OR LOCATION MARYSVILLE		24. INSIDE CITY LIMITS? (Yes/No) NO		25. COUNTY SNOHOMISH	
26. FATHER'S NAME—FIRST, MIDDLE, LAST HARRY B. TIBBS		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME MARGARET B. [REDACTED]		28. LENGTH OF RES. IN CO. 39YRS		29. STATE WA	
30. INFORMANT—NAME RAY A. HARDING				31. MAILING ADDRESS 4609 113th. PL. N.E. MARYSVILLE, WA. 98270			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) CREMATION		33. DATE (Mo, Day, Yr) 3-31-1998		34. CEMETERY/CREMATORY—NAME AMERICAN MEMORIAL ASSOC. #69		35. LOCATION—CITY/TOWN, STATE RENTON, WA 98057	
36. FUNERAL DIRECTOR SIGNATURE <i>Ed Suddeth</i>				37. NAME OF FACILITY AMERICAN MEMORIAL F.D. INC.			
38. ADDRESS OF FACILITY 100 BLAINE NE RENTON, WA							
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Mark C. Holland</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[REDACTED]</i>			
40. DATE SIGNED (Mo., Day, Yr.) Mar. 31, 1998		41. HOUR OF DEATH (24 Hrs.) 1830		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mark C. Holland, MD, 1603 Grove St., Marysville, Wa. 98270				46. PRONOUNCED DEAD (Mo., Day, Yr.)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Mark C. Holland, MD, 1603 Grove St., Marysville, Wa. 98270				49. MEDICORNER FILE NUMBER NS4 98-500			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Metastatic Lung Cancer				INTERVAL BETWEEN ONSET AND DEATH 9 mo.	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		B. _____				INTERVAL BETWEEN ONSET AND DEATH	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		C. _____				INTERVAL BETWEEN ONSET AND DEATH	
		D. _____				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. COPD						52. AUTOPSY? (Yes/No) NO	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED.	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>Mr. Ward Kinch MD</i>		63. DATE RECEIVED (Mo., Day, Yr.) MAR 31 1998	

DOH 01-003 (Rev. 7/91) (Formerly DSHS 9-150)

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47813
Olympia, WA 98504-7814
360-716-4100

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

STATE OFFICE USE ONLY

Event Registration

Fee Number

Initials

Date

Affidavit Number

Required information must match current information on record

Required	Known by	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
	1. Name	2. Date of Event		3. Place of Event	
A. Legal Event (Check one) (Schedule A for Marriage or Dissolution; A Mother/Paternal Full Birth Name (Schedule B for Marriage or Dissolution))					
C. Name of Person(s) with legal line		Relationship to Person on Record	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
			<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)

4. Return Mailing Address

Registration Number

Event 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
1.
2.
3.
4.

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

Print Name

Date Signature of 2 parent (if required)

Print Name

Date

Print Name

Date

INSTRUCTIONS for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required: The affidavit must be filed by a person with the affidavit and the full birth name and birth date. Examples of documentary proof include:

- Birth Marriage Certificate
- Military record (DD-714)
- School transcripts
- Social Security Numident Report
- Hospital record of admission
- Passport
- Green Permanent Resident card (I-551)

Birth Certificates

1. Only a parent or legal guardian (18 or older) or the named individual (18 or older) may change the birth certificate.
2. The proof(s) must match the person listed. 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. The person(s) providing proof must be at least 18 years old or established with five years of legal residence in WA.

Other proof(s)

- If legal guardian, you must first obtain written permission from the parent(s).
- 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.

1. 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

1. Only the informant or a close family member or other close relationship of evidence confirming such position (friend) may change the non-medical information. The informant may make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or dependent partner, child or parent, sibling or adult child or grandchild). The informant may change marital status with court. Marital status requires a certified copy of a divorce or annulment other than the affidavit or removal of the change.
2. The medical information is a cause of death may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. The name (first, middle, and/or last) or place of birth or residence may be changed by the person with the proof of documentary proof.
2. For marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

Mary Ann Doe
 Date: 11/15/2016
 HEALTH DIRECTOR
 WASHINGTON STATE DEPARTMENT OF HEALTH

[Signature]
 Date: 11/15/2016
 HEALTH DIRECTOR
 WASHINGTON STATE DEPARTMENT OF HEALTH