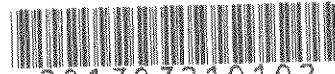


WHEN RECORDED RETURN TO:

LAND TITLE OF SKAGIT COUNTY

P.O. Box 445
111 E. George Hopper Rd.
Burlington, WA 98233



201707210102

Skagit County Auditor

\$35.00

7/21/2017 Page

1 of

3 3:19PM

01-163416-OF, 01-163416-OE ✓

DOCUMENT TITLE(S):

Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Elsie Mae Palmer

ABBREVIATED LEGAL DESCRIPTION:

Unit 706, Cascade Palms Condo, E ½ of Phase 3

TAX PARCEL NUMBER(S):

P119780

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-003778

DATE ISSUED: 03/23/2015

FEE NUMBER: 0000000029

GIVEN NAMES: ELSIE MAE
LAST NAME: PALMER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 05, 2015
HOUR OF DEATH: 08:55 A.M.
SEX: FEMALE
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: GARDEN CITY, FINNEY CNTY, KANSAS

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: LICENSED PRACTICAL NURSE
INDUSTRY: HEALTHCARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: BETH MERRITT
RELATIONSHIP: NIECE
ADDRESS: 323 N LAVENTURE ROAD APT B MOUNT VERNON, WA 98273

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 706 CASCADE PALMS COURT
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: WALTER SCHEUERMAN
MOTHER: MARGARET ELIZABETH [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: LYMAN CEMETERY
CITY, STATE: LYMAN, WA
DISPOSITION DATE: FEBRUARY 13, 2015

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TORI G. STIOMAN

CAUSE OF DEATH:
A. ASPIRATION PNEUMONIA
INTERVAL: 5 DAYS
B. MYOPATHY
INTERVAL: UNKNOWN
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

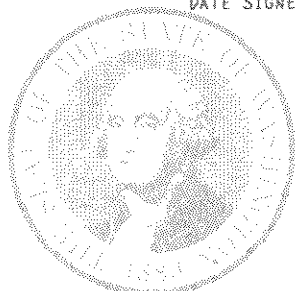
NUMBER(S): NONE
DATE(S): NONE

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: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: FEBRUARY 09, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-096
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 10, 2015



Affidavit for Correction

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

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

STATE OFFICE USE ONLY

Submit to: _____ Date Received: _____ Initials: _____ Date: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record

Record Type: ☒ Birth ☐ Death ☐ Marriage ☐ Dissolution
1. Name (if changed) _____ 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 as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

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 _____

DEFINITIONS

All affidavits must be signed and sworn to in person. 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 Birth Record
Marriage Certificate Record
School Transcripts (Official)
Alien Registration (front and back)
Hospital/Medical Record
Military Record (DD 214)
Birth Record (Official)
Funeral Director's Policy

Birth Certificates

1. The authorized signatory must be a parent, grandparent, or other person named on the birth certificate. Only change the birth certificate.
2. The proof must match exactly by the recorded name (last). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe.
3. Under 18 years old:
4. A parent must submit a certified copy of the birth certificate, affidavit, and other proof of a child's birth.
5. If the person is 18 years old or older, the person must provide proof of birth.
6. If the first or middle name is absent, three pieces of documentary proof are required.
7. If the last name and/or first name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
8. If the correct parent's birth date, place of birth, or name, one documentary proof is required.
9. Proof must be for (or more) years old or have been established within five years of birth.

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

Death Certificates

1. Only the informant, the funeral director, or the coroner/administrator (if evidence confirming such position is presented) may change the non-medical information. This is required to be done. If proof is required by a family member not listed as an informant on the certificate, family members are spouse or registered partner, parent, grandparent, adult child or stepchild. Marital status requires a certified copy of a court order if someone other than the informant is providing the change.
2. The medical and cause of death may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. The date of marriage, wedding couples, or name, date of birth or residence may be changed by affidavit (with proof) by the person.
2. The change must be made by the clerk of court (dissolution) or clerk of court (marriage) must sign the affidavit.

DPH 422-034 June 2014

CERTIFIED

MAR 23 2015

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

BB00183999