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-OE, 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: HEATHCARE
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: TOBI G. STIDMAN

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:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

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

DOH 01-003 (6/14)

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
www.doh.wa.gov

STATE OFFICE USE ONLY

[illegible] Case Number [illegible] Initials Date | Affidavit Number

Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ **Dissolution**

1. Name on record: 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** Telephone Number:
☐ Funeral Director ☐ Other (Specify)

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

15. Signature 16. Date: 17. Address:

[illegible]

[illegible] **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: [illegible] · [illegible] · [illegible] · Military Record (DD 214) · Passport · [illegible] · Marriage [illegible] Record · [illegible] · School Transcripts (Official) · Alien Registration (front and back) · Hospital/Medical Record

Birth Certificates

1. [illegible] may change the birth certificate.
2. [illegible] the name is Mary Ann Doe, then the proof must show the name [illegible]
3. [illegible] (18 years or older)
   - [illegible] themselves can change the birth certificate.
   - If the first or middle name is absent, three pieces of documentary proof are required.
   - If the first, middle and/or last name is misspelled, or date of birth is [illegible], two pieces of documentary proof are required.
   - [illegible] birth date, place of birth, or name, one documentary proof is required.
   - Proof must be five (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 DOH 422-032)

Death Certificates

1. [illegible] presented) may change the non-medical [illegible] family members are spouse or [illegible] requires a certified copy of a court order if someone other than the [illegible]
2. [illegible] coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. [illegible] may be changed by affidavit (with proof) by the person.
2. [illegible] clerk of court (dissolution) must sign the affidavit.