



201709280099

Skagit County Auditor

\$36.00

9/28/2017 Page

1 of

3 10:23AM

RETURN NAME &amp; ADDRESS

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SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20174569  
SEP 28 2017

Please print neatly or type information

Document Title(s)

Death Certificate

Amount Paid \$0  
Skagit Co. Treasurer  
By *mm* Deputy

Reference Number(s) of related documents:

201709080036

Additional Reference #'s on page \_\_\_\_

Grantor(s) (Last, First, and Middle Initial)

Wash State of

Additional Grantors on page \_\_\_\_

Grantee(s) (Last, First, and Middle Initial)

Simensen, Ian Kendal

Additional Grantees on page \_\_\_\_

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range,  
quarter/quarter)

Lot 11 Sutton Place

Complete legal on page \_\_\_\_

Assessor's Property Tax Parcel/Account Number

P109407

Additional parcel #'s on page \_\_\_\_

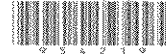
The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

\*I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

\_\_\_\_\_  
Signature of Requesting Party

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-040388

DATE ISSUED: 09/20/2017

FEE NUMBER: 17512

FIRST AND MIDDLE NAME(S): IAN KENDAL

LAST NAME(S): SIMENSEN

COUNTY OF DEATH: KING

DATE OF DEATH: SEPTEMBER 17, 2017

HOUR OF DEATH: 08:15 PM

SEX: MALE

AGE: 31 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PORTLAND, MULTNOMAH COUNTY, OR

MARITAL STATUS: SINGLE, NEVER MARRIED

SPOUSE: UNKNOWN

OCCUPATION: BAND DIRECTOR

INDUSTRY: PUBLIC SCHOOLS

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: LERESE SIMENSEN

RELATIONSHIP: MOTHER

ADDRESS: 9057 E SHOREWOOD DRIVE, #2307, MERCER ISLAND, WA

CAUSE OF DEATH:

A: GLIOMA

INTERVAL: 1 YEAR 1 MONTH

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 9057 E SHOREWOOD DRIVE, #2307

CITY, STATE, ZIP: MERCER ISLAND, WASHINGTON 98040

RESIDENCE STREET: 9057 E SHOREWOOD DRIVE #2307

CITY, STATE, ZIP: MERCER ISLAND, WASHINGTON 98040

INSIDE CITY LIMITS: YES COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: RANDAL D SIMENSEN

MOTHER/PARENT: LERESE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FLINTOFT'S ISSAQUAH CREMATORY

CITY, STATE: ISSAQUAH, WASHINGTON

DISPOSITION DATE: SEPTEMBER 20, 2017

FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY

ADDRESS: 540 E SUNSET WAY

CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98027

FUNERAL DIRECTOR: SCOTT RUFF

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JEROME GRABER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 550 17TH AVE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

DATE SIGNED: SEPTEMBER 18, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON

DATE RECEIVED: SEPTEMBER 19, 2017



# 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	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name of 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		

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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) 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
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- 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(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is 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 acknowledgment form DOH 422-032)

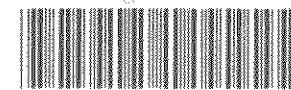
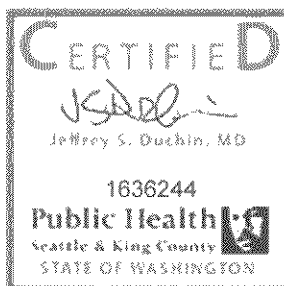
#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (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 if someone 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 (minor spelling changes in name, 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 officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034, October 2015



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