



201710100099

**WHEN RECORDED RETURN TO:**

Land Title and Escrow  
111 E George Hopper Rd  
Burlington, WA 98233

Skagit County Auditor

\$36.00

10/10/2017 Page

1 of

3

3:12PM

**Land Title and Escrow**

01-163966-OE, 01-163966-OE

**DOCUMENT TITLE(S):**

Death Certificate ✓

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

STATE OF WASHINGTON

**GRANTEE:**

MILDRED ANNA DOENNEBRINK

**ABBREVIATED LEGAL DESCRIPTION:**

Unit 700, Cascade Palms Condo., East 1/2 of Ph. 3.

**TAX PARCEL NUMBER(S):**

4903-000-700-0000/P119777

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-030462

DATE ISSUED: 08/22/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MILDRED ANNA  
LAST NAME(S): DOENNEBRINK

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 09, 2017  
HOUR OF DEATH: 10:30 AM  
SEX: FEMALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: CREEKSIDE CONTINUING CARE COMMUNITY  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 700 CASCADE PALM CT.  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING COUNTY, WA

FATHER/PARENT: LAWRENCE ZILA  
MOTHER/PARENT: MILDADA UNKNOWN

MARITAL STATUS: DIVORCED  
SPOUSE: UNKNOWN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTH CARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: JULY 13, 2017

INFORMANT: TRUDY ZIMMERMAN  
RELATIONSHIP: DAUGHTER  
ADDRESS: 11228 PETER ANDERSON RD. BURLINGTON, WA 98233

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 196TH ST  
CITY, STATE, ZIP: KENT, WASHINGTON 98032  
FUNERAL DIRECTOR: KATRINA M. MITCHELL

CAUSE OF DEATH:  
A: LUNG CANCER  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BONE METASTASES,  
PULMONARY HYPERTENSION AND CONGESTIVE HEART FAILURE.

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JULY 10, 2017

LOCATION OF INJURY:  
  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JULY 13, 2017



# Affidavit for Correction

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

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

## 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 on 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"/> 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:

8. The record now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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.

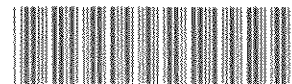
DOH 422-034 October 2015

# \*CERTIFIED\*

AUG 2 2 2017

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

Certificate not valid unless the Seal of the State of Washington changes color when heat applied



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