

WHEN RECORDED RETURN TO:



Skagit County Auditor
10/30/2017 Page

1 of

3 3:40PM

\$36.00

DOCUMENT TITLE(S): Death Certificate	GUARDIAN NORTHWEST TITLE CO. 114851
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	
GRANTOR: State of Washington	
GRANTEE: Ronald E. Weise	
ABBREVIATED LEGAL DESCRIPTION: SECTION 13, TOWNSHIP 35 NORTH, RANGE 4 EAST; PTN. SW SW (AKA TR.1, SP #80-78)	
TAX PARCEL NUMBER(S): 350413-3-006-0107 (P36481)	

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 962-11		Washington State Certificate of Death			State File Number	
1. Legal Name (Include ALL surnames) First Middle LAST Suffix RONALD EDWARD WIESE				2. Death Date Nov. 18, 2011		
3. Sex (Male/Female) Male	4a. Age - Last Birthday 69 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Milwaukee	8b. (State or Foreign Country) Wisconsin		9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (yes or No) if yes, specify No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence - Number and Street (e.g., 674 SE 5 th St.) (include Apt. No.) 8861 Birch Ln				13b. City or Town Sedro-Woolley		13c. Zip Code + 4 98284
13c. Residence County Skagit	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
14. Estimated length of time at residence 28 Years	15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Use name prior to first marriage) Cynthia M. Taylor			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED) Painter			18. Kind of Business/Industry (Do not use Company Name) AFL/CIO Painters & Plasterers Union			
19. Father's Name (First, Middle, Last, Suffix) Edward Frank Wiese			20. Mother's Name Before First Marriage (First, Middle, Last) Harriet [REDACTED]			
21. Informant's Name Cynthia M. Wiese		22. Relationship to Decedent Wife	23. Mailing Address (Number and Street or P.O. Box, City or Town, State, Zip) 8861 Birch Ln., Sedro-Woolley, WA 98284			
24. Place of Death, if Death Occurred in a Hospital Nursinghome/Long Term Care Center						Place of Death if Death Occurred Somewhere Other than a Hospital
25. Facility Name (if not a facility, give number & street or location) Mira Vista Care Center, 300 S. 10th			26a. City, Town, or Location of Death Mount Vernon		26b. State WA	27. Zip Code 98274
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Heritage Cremation Services				30. Location-City/Town, and State Marysville, WA
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services LLC, 108 S. Barker St., Mount Vernon, WA 98273					32. Date of Disposition Nov. 23, 2011	
33. Funeral Director Signature X <i>[Signature]</i> Timothy T. Donovan						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Hypertensive + Atherosclerotic Cardiovascular disease with Coronary Artery Disease</i>						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Interval between Onset & Death Years
b. <i>[Blank]</i>						Interval between Onset & Death
c. <i>[Blank]</i>						Interval between Onset & Death
d. <i>[Blank]</i>						Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43-54 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		
45. Location of Injury - Number & Street, City or Town, County, State, Zip Code + 4						
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician: In the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X				48b. Medical Examiner/Coroner: In the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Daniel Dempsey RN D-ABMDI P.O. Box 1306 Mount Vernon Wa. 98273				50. Hour of Death (24hrs) 1000 Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 11/23/2011		
53. Title of Certifier County Coroner	54. License Number RN 00082706	55. ME/Coroner File Number 185-11		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>[Signature]</i> Maria S. Vivanco, Deputy Registrar				58. Date Received (mm/dd/yyyy) NOV 23 2011		
59. Amendments						

DOH404S 003 Rev 07/09/07



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
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Required information must match current information on record

Required	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"/> 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:

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 forgoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to 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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

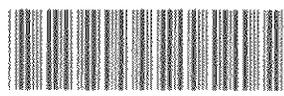
DOH 422-034 October 2015

CERTIFIED

SEP 21 2017

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

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



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