



201710300199

Skagit County Auditor

\$36.00

10/30/2017 Page

1 of

3 4:00PM

WHEN RECORDED RETURN TO:

01-165231-OE, 01-165231-OE ✓

DOCUMENT TITLE(S):

Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

ROBERT LEE JOHNSON

ABBREVIATED LEGAL DESCRIPTION:

Tr. B, SP 50-81, AF #8109210028; Being a Ptn SW 1/4 SW 1/4; 10-35-6 WM.

TAX PARCEL NUMBER(S):

350610-3-008-0312, P40966

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

232
LOCAL FILE NUMBER

146
STATE FILE NUMBER

1. NAME First: ROBERT Middle: LEE Last: JOHNSON						2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) March 26, 2001			
4. AGE LAST BIRTHDAY (Yrs) 62		5. UNDER 1 YEAR MOS. DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Clear Lake, WA		6. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		13. COUNTY OF DEATH Skagit	
11. CITY/TOWN OR LOCATION OF DEATH Sedro-Woolley				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 33180 Hamilton Cemetery Road				13. SMOTHERED IN LAST 15 YEARS? (Yes / No) No			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Married		15. SURVIVING SPOUSE (If wife, give maiden name): Ellen Suthers		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12): 12 College (1-4 or 5-):					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Heavy Equipment Operator			19. KIND OF BUSINESS OR INDUSTRY: Construction		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify): White				
22. RESIDENCE — NUMBER AND STREET 33180 Hamilton Cem. Rd.		23. CITY/TOWN, OR LOCATION Sedro-Woolley		24. INSIDE CITY (Y/N) No	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. (Yrs / Mo) 62 yrs	25. STATE WA	27. ZIP CODE 98284			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Herbert Lee Johnson					29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Agnes Marie [REDACTED]						
30. INFORMANT — NAME Ellen Johnson			31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP 33180 Hamilton Cemetery Rd Sedro-Woolley, WA 98284								
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial		33. DATE (Mo, Day, Yr) Mar 30, 2001		34. CEMETERY, CREMATORY — NAME: Union Cemetery		35. LOCATION — CITY/TOWN, STATE Sedro-Woolley, WA					
36. GENERAL DIRECTOR SIGNATURE <i>Richard Lemley</i>			37. NAME OF FACILITY Lemley Chapel		38. ADDRESS OF FACILITY 1008 3rd St Sedro-Woolley, WA 98284						
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED. SIGNATURE AND TITLE <i>Houshang Shetabi MD, FACP</i>						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED. SIGNATURE AND TITLE X					
40. DATE SIGNED (Mo, Day, Yr) March 27, 2001		41. HOUR OF DEATH (24 Hrs) 1747 hrs		44. DATE SIGNED (Mo, Day, Yr)			45. HOUR OF DEATH (24 Hrs)				
42. NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print) Houshang Shetabi, MD						46. PROMOUNCED DEAD (Mo, Day, Yr)		47. HOUR PROMOUNCED DEAD (24 Hrs)			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Houshang Shetabi, MD 1971 Hospital Dr. Sedro-Woolley, WA 98284						49. ME/CORONER FILE NUMBER NJA-046					
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH											
IMMEDIATE CAUSE (Final disease or condition resulting in death)		metastatic Renal cell carcinoma - (Brain - Bones - soft tissue)						INTERVAL BETWEEN ONSET AND DEATH 3 Years			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		A. DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH			
		B. DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH			
		C. DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH			
		D. DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes			
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED					
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)			60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE						
61. RECORD AMENDMENT (Registrar use only) — ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE x Dorothy Epps, deputy				63. DATE RECEIVED (Mo, Day, Yr) MAR 27 2001			



AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES (DATE PREPARED)		INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE OFFICER NUMBER		for
2. FINDER		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth) HUSBAND (if Marriage/Dissolution)		6. MOTHER'S (FUR) MAIDEN NAME (if Birth) WIFE (if Marriage/Dissolution)		
THE RECORD IS INCOMPLETE OR INCOMPLETE AS FOLLOWS				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
(REPRESENT THE PERSON AS IE. G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				
PHONE NUMBER				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT				
BY SIGNATURE		BY SIGNATURE		

All vital records are registered as received. Changes must be made by affidavit. A name may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian of the child is under 18, or the child themselves (18 or older) may change the birth certificate.
- The proof must match exactly the asserted information. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five or more years old or established within five years of birth.
- Examples of documents of proof:
 Certificate of Naturalization Marriage Record School Record
 Census Record Medical Record Voter's Registration Card (if it bears an effective date)
 Hospital Records Military Record (DD-104) Driver's Registration Card (front and back)
 Insurance Records Your Child's Birth Record Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 The new surname may be the mother's maiden name or father's surname in present an affidavit for a combination of the two.
 After age one, surname changes require a certified copy of a court ordered name change. All other name changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. Use the paternity affidavit (form DRMF40-001).

Death Certificates

- Only the informant, the funeral director, or executor/administrator(s) of evidence confirming such position is presented may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant, minister, or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Affidavit Correction
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9700
 Olympia, WA 98507-9700

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



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

Howard Leibrand

Date Issued

MAR 27 2001

HH00804894