

Return Address:



201801220136

Skagit County Auditor

\$36.00

1/22/2018 Page

1 of

3 1:08PM

Document Title(s):

Death Certificate

Reference Number (if applicable):

AF # 201704260049

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1. LaVaughn M Murdock, UMW AHSP

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2.

2018240  
JAN 22 2018

Grantee(s):

Amount Paid \$ 6  
Skagit Co. Treasurer  
By HB Deputy

☐ additional grantee names on page \_\_\_\_

1. Lavone Close

2. Kenneth Close H/W AS their community property

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

PTN Lot 16 & all Lots 17 & 18 Bk 98, City of Anacortes

Assessor Parcel / Tax ID Number:

☐ additional parcel number(s) on page \_\_\_\_

P# 55616

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-056997

DATE ISSUED: 01/05/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LAVAUGHN MABEL  
LAST NAME(S): MURDOCK

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 30, 2017  
HOUR OF DEATH: 01:20 PM  
SEX: FEMALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: PHOENIX, AZ

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: FISH FILLETER  
INDUSTRY: FISHING INDUSTRY  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: LAVONE CLOSE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1004 COMMERCIAL AVE, PMB 534, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
B: IDIOPATHIC CARDIOMYOPATHY  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
CORONARY ARTERY DISEASE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
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: 1308 - 10TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1308 - 10TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 52 YEARS

FATHER/PARENT: GEORGE EDWARD THOMPSON  
MOTHER/PARENT: JOSIE MABEL [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JANUARY 13, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JANUARY 03, 2018

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JANUARY 04, 2018



# 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 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:

| 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:   | 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\***

JAN 05 2018

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

