201801260111
Skagit County Auditor
1/26/2018 Page 1 of 3 3:48PM
$38.00

WHEN RECORDED RETURN TO:

Charles G. Hooper
400 Thresher Avenue
Sedro-Woolley, WA 98284

Land Title and Escrow

01-166029-OE, 01-166029-OE ✓

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
~~HOPPER,~~ MYRTLE MAE
Hooper

ABBREVIATED LEGAL DESCRIPTION:
PTN NW NW, 24-35-4 E W.M.

TAX PARCEL NUMBER(S):
P37439

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Division of Health — Bureau of Vital Statistics

TYPE OR PRINT IN PERMANENT INK — D-3 (LOCAL FILE NUMBER) 14 — **CERTIFICATE OF DEATH** — STATE FILE NUMBER 21634

DECEASED

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
MYRTLE MAE HOOPER	Female	September 6, 1975

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.—SPECIFY)	5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH
White	55			[redacted]	Skagit

7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Sedro Woolley	no	United General Hospital

8. STATE OF BIRTH (IF NOT IN U.S.A.—NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
North Carolina	U.S.	Married	James C. Hooper

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY
[redacted]	housewife	homemaking

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER
Washington	Skagit	Sedro Woolley	no	Rt #4 Box 205

PARENTS

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
Oscar Daves	Timmie [redacted]

17a. INFORMANT—NAME	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
James C. Hooper	Rt #4 Box 205 Sedro Woolley, WA 9828

CAUSE

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — APPROXIMATE INTERV. BETWEEN ONSET AND D

18 IMMEDIATE CAUSE
(a) Pulmonary Embolism — six months
DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO)	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING C. OF DEATH
no	

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
		M.	

20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	21b. TO (MONTH, DAY, YEAR)	21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	21d. DID/DID NOT VIEW THE BODY AFTER DEATH.	21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, TO THE CAUSE(S) STATED. (HOUR)
3/10/65	9/6/75	9/6/75		6:8 M.

22a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)
M.	22b.

23a. CERTIFIER—NAME (TYPE OR PRINT)	23b. SIGNATURE / DEGREE OR TITLE	23c. DATE SIGNED (MONTH, DAY, YEAR)
Richard D. Gross M.D.	[signature] M.D.	Sep 8, 1975

23d. MAILING ADDRESS (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE
830 Ball Avenue	Sedro Woolley	Washington 98284

BURIAL

SEP 11 1975

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION (CITY OR TOWN, STATE)
Burial	Union Cemetery	Sedro Woolley, Washington

24d. DATE (MONTH, DAY, YEAR)	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Sep 10, 1975	Lemley Chapel 1008 3rd St. Sedro Woolley, WA 98284

25b. FUNERAL DIRECTOR—SIGNATURE	26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR
[signature]	[signature]	9/8/75

HEA-67 (S.Y. 8191) 8-70.

DOH 422-131 (4/16)

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

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 foregoing 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/vsro 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 422-004 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

ISSUED
JAN 19 2018

0 1 0 6 7 9 1 2

Certificate not valid unless the Seal of the State of Washington changes color when held up to light.