



201802260128

Skagit County Auditor

\$36.00

2/26/2018 Page

1 of

3 3:08PM

WHEN RECORDED RETURN TO:

Elaine Desmarais
14138 Amber Lane
Mount Vernon, WA 98273

Land Title and Escrow

01-166228-OE, 01-166228-OE ✓

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

ALFRED DENIS DESMARAIS

ABBREVIATED LEGAL DESCRIPTION:

Lot 13, Hall Place 2nd Add.

TAX PARCEL NUMBER(S):

P102307

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-012263

DATE ISSUED: 03/30/2016

FEE NUMBER: 000000029

GIVEN NAMES: ALFRED DENIS
LAST NAME: DESMARAIS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 22, 2016
HOUR OF DEATH: 10:55 P.M.
SEX: MALE
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: BLUCHER, SASKATCHEWAN, CANADA

MARITAL STATUS: MARRIED
SPOUSE: ELAINE V [REDACTED]

OCCUPATION: GROCERYMAN
INDUSTRY: RETAIL GROCERY
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

INFORMANT: ELAINE V DESMARAIS
RELATIONSHIP: WIFE
ADDRESS: 14143 AMBER LN., MOUNT VERNON, WA 98273

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ASHLEY GARDENS
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 14143 AMBER LN
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: ALFRED DESMARAIS
MOTHER/PARENT: EVA M [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 02, 2016

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

- CAUSE OF DEATH:
- A. LEWY-BODY DEMENTIA
INTERVAL: YEARS
 - B.
INTERVAL:
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DYSPHAGIA, PARKINSON'S DISEASE, ORTHOSTATIC HYPOTENSION

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

LOCATION OF INJURY:

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

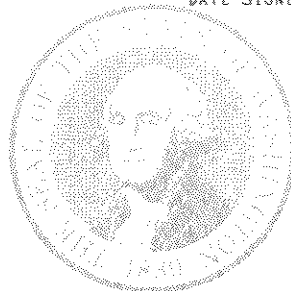
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: MARCH 24, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-190
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 24, 2016

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: _____

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 of Party	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 Representing Corporation	Representing In Person or For:	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
		<input type="checkbox"/> Parents	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Hospital
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:

9 The record now shows:	10	11	12	13	14	15 The true fact is:
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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 refer to _____ 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 this affidavit and include full name and birth date. Examples of documentary proof include:

- Birth Marriage Divorce record
- Medical record (DD-714)
- 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 of the child is under 18 or the named grandparent if 18 or older may change the birth certificate
- 2 The proof(s) must match the asserted facts: 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 not more than 10 or established within five years of birth.

Child under 18

- If legal grandparent is sole and sole court order (parental guardianship)
- Up to age one, last name can be changed even to other parent's name on certificate can be any combination of the last, middle or first 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, the documentary proof is required.
- To correct the sex of the child, the documentary proof from a medical provider is required.

Adult (18 years or over)

- 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 the documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required.

17 Change any part of the names of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request

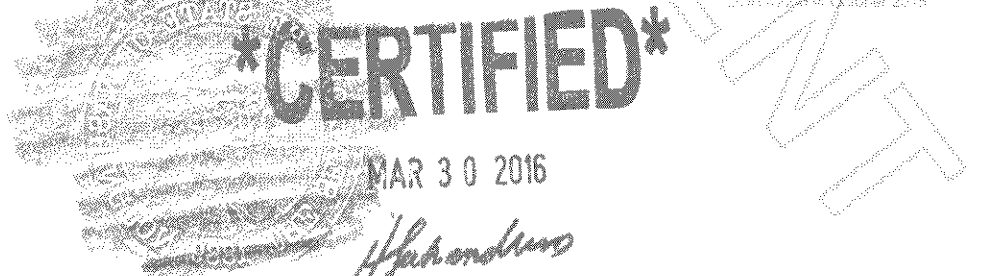
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-932)

Death Certificates

- 1 Only the informant, the family doctor or other health care providers of someone confirming such position is pre-registered, may change the non-medical information. Proof is required to make a change 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 of divorce other than the informant by 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 in our files (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 affidavit must be signed by the court (dissolution) must complete and submit the affidavit



Skagit County Health Department
Howard L. Lehbrand M.D., Health Officer

EE00089713