



201804040016

Skagit County Auditor

4/4/2018 Page

1 of

3

\$36.00  
9:51AM

After recording return document to:

ADAPTIVE LAW FIRM PS  
107 State Street  
Sedro-Woolley, WA 98284

DOCUMENT TITLE: Certified Death Certificate for Phleta M. Kent

REFERENCE NUMBER OF RELATED DOCUMENT: N/A

GRANTOR(S): State of Washington Department of Health

ADDITIONAL GRANTORS ON PAGE \_\_\_\_ OF DOCUMENT.

GRANTEE(S): Rick Kent and Tracy Kent, co-Trustees of the Donald and Phleta Kent Irrevocable Trust

ADDITIONAL GRANTEES ON PAGE \_\_\_\_ OF DOCUMENT.

ABBREVIATED LEGAL DESCRIPTION: LOT 15 "Rancho San Juan Del Mar, Subdivision No. 10", Skagit Cty

ADDITIONAL LEGAL DESCRIPTION ON PAGE(S) OF DOCUMENT:

ASSESSOR'S TAX/PARCEL NUMBER(S): P68430

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **847-10** Washington State Certificate of Death State File Number **2010 69040**

1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date	
Phietta Mae Kent		Oct 12, 2010	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
F	87	Months Days	Hours Minutes
5. Social Security Number		6. County of Death	
[REDACTED]		Skagit	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[REDACTED]	Grandview	Washington	High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No); if yes, specify		11. Decedent's Race(s)	
No		Caucasian	
12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St) (Include Apt. No.)		13b. City or Town	
11806 McCorkle Place		Anacortes	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)	
Skagit			
13e. State or Foreign Country		13f. Zip Code + 4	
Washington		98221	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence		15. Marital Status at Time of Death	
42 Years		Widowed	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))		18. Kind of Business/Industry (Do not use Company Name)	
Homemaker		Own Home	
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)	
Jess Carl Cornell		Fleeta Mae [REDACTED]	
21. Informant's Name		22. Relationship to Decedent	
Tracy G. Kent		Son	
23. Mailing Address (Number and Street or RFD No.)		City or Town State Zip	
11806 McCorkle Place		Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital:	
Inpatient			
25. Facility Name (If not a facility, give number & street or location)		26a. City, Town, or Location of Death	
Island Hospital		Anacortes	
		26b. State	
		WA	
		27. Zip Code	
		98221	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)	
Cremation		Northwest Crematory	
		30. Location-City/Town, and State	
		Anacortes, Washington	
31. Name and Complete Address of Funeral Facility		32. Date of Disposition	
Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221		Oct 14, 2010	
33. Funeral Director Signature X <i>Service Melian</i>			
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)		Interval between Onset & Death	
a. <i>Significant Volvulus</i>		Days	
Due to (or as a consequence of)		Interval between Onset & Death	
b. <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</i>		Interval between Onset & Death	
c. <i>Alzheimer Disease</i>		Interval between Onset & Death	
Due to (or as a consequence of)		Interval between Onset & Death	
d. <i>Alzheimer Disease</i>		Interval between Onset & Death	
Due to (or as a consequence of)		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female	
<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		<input checked="" 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 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 type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury - Number & Street		City or Town: 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 - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated		48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated	
X <i>J. Hogge M.D.</i>		X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
Jason Hogge, M.D. 1213 24th Street, Suite 100 Anacortes, WA 98221		1430	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy)	
		10/13/2010	
53. Title of Certifier		54. License Number	
Dr.		MD00046614	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature		58. Date Received (mm/dd/yyyy)	
X <i>Marci Marshall, Deputy</i>		OCT 14 2010	
59. Amendments			



# 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

<b>Required</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:

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: \_\_\_\_\_ Date: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ 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.

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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\*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.

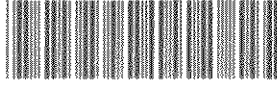
DOH 422-034, October 2015

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

*Christie Spice*

**ISSUED**  
**MAR 20 2018**

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



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