201804060081

Skagit County Auditor $36.00
4/6/2018 Page 1 of 3 1:18PM

RETURN DOCUMENT TO:

Joann Harker
3802 W. 11th St
Anacortes, WA 98221

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

DOCUMENT TITLE(S):

Death Certificate of Harold D. Harker

AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED:

Additional reference numbers can be found on page_____of document.

GRANTOR(S)

Harold D. Harker

Additional grantor(s) can be found on page_____of document.

GRANTEE(S):

The Public

Additional grantee(s) can be found on page_____of document.

ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.)

Lots 1 through 3 and the E 5 ft. of Lot 4, Blk 1321, Northern Pacific Addition to Anacortes

Additional legal(s) can be found on page_____of document.

ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER:

38093230040100

Additional numbers can be found on page_____

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

21 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

DECEDENT

1 NAME First: Ruth Middle: Pearl Last: Foster
2 SEX (M / F): Female
3 DEATH DATE (Mo. Day Yr): 01/11/2000

4 AGE LAST BIRTHDAY (Yrs): 92
5 UNDER 1 YEAR MOS. DAYS
6 UNDER 1 DAY HOURS MINS
7 BIRTHDATE (Mo. Day Yr): [redacted]
8 BIRTHPLACE (City, State or Foreign Country): Hoisington, KS
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10 COUNTY OF DEATH: Skagit

11 CITY, TOWN, OR LOCATION OF DEATH: Sedro-Woolley
12 PLACE OF DEATH—X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE
United General Hospital
13 SMOKING IN LAST 15 YEARS? (Yes / No): No

14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
15 SURVIVING SPOUSE (If wife, give maiden name): -
16 SOCIAL SECURITY NO: [redacted]
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Clerk
19 KIND OF BUSINESS OR INDUSTRY: Retail Variety Store
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, spec... Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21 RACE (Specify): White

22 RESIDENCE—NUMBER AND STREET: 100 Sunset Beach
23 CITY/TOWN, OR LOCATION: Anacortes
24 INSIDE CITY LIMITS? (Yes / No): Yes
25A COUNTY: Skagit
25B LENGTH OF RES IN CO: 53 yrs
26 STATE: WA
27 ZIP CODE: 98221

PARENTS

28 FATHER'S NAME—FIRST, MIDDLE, LAST: Henry James Underwood
29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Beatrice [redacted]

INFORMANT

30 INFORMANT - NAME: Joann Harker
31 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP: 100 Sunset Beach, Anacortes, WA 98221

DISPOSITION

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33 DATE (Mo. Day Yr): 01/14/2000
34 CEMETERY/CREMATORY—NAME: Burlington Cemetery
35 LOCATION—CITY/TOWN, STATE: Burlington, WA
36 FUNERAL DIRECTOR SIGNATURE: x Roger W. Hulbush
37 NAME OF FACILITY: Hulbush Funeral Home
38 ADDRESS OF FACILITY: 281 S. Burlington Blvd., Burlington, WA. 98233

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

39 **TO THE BEST OF MY KNOWLEDGE** DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE x T.W. M D J
40 DATE SIGNED (Mo. Day Yr): 01/12/2000
41 HOUR OF DEATH (24 Hrs): 1915

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

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 CAUSE(S) STATED
SIGNATURE AND TITLE x
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)
46 PRONOUNCED DEAD (Mo. Day Yr)
47 HOUR PRONOUNCED DEAD (24 Hrs)

48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): T.W. Martin, Jr. M.D., 1918 Hospital Drive, Sedro-Woolley WA
49 ME/CORONER FILE NUMBER

CAUSE OF DEATH

50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death). 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

	Cause	Interval between onset and death
A	atherosclerotic heart disease	years
B (Due to or as a consequence of)	Alzheimers Dementia	years
C (Due to or as a consequence of)		
D (Due to or as a consequence of)		

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): No

54 ACC. SUICIDE, HOM., UNDET., 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 Sharon D. Beeson Deputy
63 DATE RECEIVED (Mo. Day Yr): 1-13-2000

H Leibrand
Howard Leibrand M.D.
Health Officer

Date JAN 14 2000

Signed Sharon D. Beeson
(Skagit County Deputy Registrar)

DOH 01-003 (5/99)

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	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER

STATE OFFICE USE ONLY	STATE OFFICE USE ONLY
The record of Birth ☐ Marriage ☐ Death ☐ Dissolution ☐ with	1. STATE FILE NUMBER / for
2. NAME	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 FULL MAIDEN NAME (If Birth); WIFE (If Marriage/Dissolution)

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:
7.	8
9	10
11.	12.
13.	14

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY: 15

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS

DOH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item 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

1. **All changes must be established by documentary proof submitted with the affidavit.**
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. 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-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport

6. **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 (if present on the certificate) or a combination of the two.
   - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-004)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is provided) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

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

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

HH261236