



Skagit County Auditor
4/10/2018 Page

1 of 3 3:07PM

\$36.00

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-163989-OE, 02-163989-OE ✓

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
PATSY M SMITH

ABBREVIATED LEGAL DESCRIPTION:
Lot 5, Sunset West.

TAX PARCEL NUMBER(S):
4028-000-005-0005/P69924

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-029302

DATE ISSUED: 12/19/2014

FEE NUMBER: 0000000037

GIVEN NAMES: PATSY M
LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 29, 2014
HOUR OF DEATH: UNKNOWN
SEX: FEMALE
AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: BEAUMONT, JEFFERSON CNTY, TEXAS

MARITAL STATUS: MARRIED
SPOUSE: GARY CHARLES SMITH

OCCUPATION: ENGINEER
INDUSTRY: CHEMICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: GARY C. SMITH
RELATIONSHIP: HUSBAND
ADDRESS: 14055 MADRONA DR., ANACORTES, WA 98221-8545

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 14055 MADRONA DR
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 14055 MADRONA DR
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982218545
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER: DENNIS O MOORE
MOTHER: LUCILLE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
CITY, STATE: BLAINE, WA
DISPOSITION DATE: DECEMBER 18, 2014

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM
ADDRESS: 1313 EAST MAPLE ST
CITY, STATE, ZIP: BELLINGHAM WA 98225
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A. UNSPECIFIED NATURAL CAUSES
INTERVAL: YEARS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ATRIAL FIBRILLATION, HYPERTENSION.

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

ME/CORONER: MATTHEW F. SIAS
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: DECEMBER 18, 2014

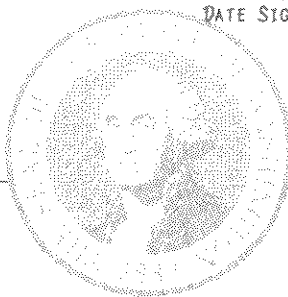
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 206-14
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: DECEMBER 18, 2014



Affidavit for Correction

State Center for Health Statistics
P.O. Box 47813
Olympia, WA 98504-7813
360/796-4100
WAS 300 00 200

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

STATE OFFICE USE ONLY

Name: _____ Date: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record

☐ Death ☐ Marriage ☐ Dissolution
1 Name of Person ☐ 2 Date of Event ☐ 3 Place of Event

4 Father/Parent Full Birth Name 5 Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows

The record now shows:

The true fact is:

6 _____
8 _____
10 _____
12 _____

7 _____
9 _____
11 _____
13 _____

14 I represent the person as ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

15 Signature _____ 16 Date _____ 17 Address _____

Declaration

All corrections are requested in writing. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof

Birth Certificate Full Name of Hospital/clinic Marriage License Funeral Home Record of Birth (10/1/14) Hospital Medical Record

Birth Certificates

1. The person's last name of the birth certificate must be changed by the birth certificate.
2. The person's first name must be changed by the birth certificate. For example, if the name is Mary Ann Doe, then the proof must show the name Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. If the person is 18 years of age or older, the person must give their consent to the change of name.
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Death Certificates

1. Only the person's name, date of birth, date of death, place of birth, place of death, and cause of death can be changed by affidavit. The person must be the person who died or the person who was the person's spouse or partner at the time of death. The person must be the person who was the person's spouse or partner at the time of death. The person must be the person who was the person's spouse or partner at the time of death.
2. The person must be the person who was the person's spouse or partner at the time of death. The person must be the person who was the person's spouse or partner at the time of death. The person must be the person who was the person's spouse or partner at the time of death.

Marriage/Dissolution (Divorce) Certificates

1. Only the date, place, and name of the person can be changed by affidavit. The person must be the person who was the person's spouse or partner at the time of marriage or dissolution.
2. The person must be the person who was the person's spouse or partner at the time of marriage or dissolution. The person must be the person who was the person's spouse or partner at the time of marriage or dissolution.

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