201804170011
Skagit County Auditor $36.00
4/17/2018 Page 1 of 3 10:39AM

After recording return document to:

Adaptive Law Firm PS
904 South Third
Mount Vernon, WA 98273

**DOCUMENT TITLE:** Certified Death Certificate

**REFERENCE NUMBER OF RELATED DOCUMENT:** N/A

**GRANTOR(S):** State of Washington

**ADDITIONAL GRANTORS ON PAGE** N/A **OF DOCUMENT.**

**GRANTEE(S):** Sharon E. McCallum

**ADDITIONAL GRANTEE ON PAGE OF DOCUMENT.**

**ABBREVIATED LEGAL DESCRIPTION:** Unit 33, The Cedars, a Condominium

**ADDITIONAL LEGAL DESCRIPTION ON PAGE(S) OF DOCUMENT.** N/A

**ASSESSOR'S TAX/PARCEL NUMBER(S):** Parcel No. P112594

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2017-024507**

DATE ISSUED: **06/06/2017**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **SHARON ELIZABETH**
LAST NAME(S): **MCCALLUM**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 30, 2017**
HOUR OF DEATH: **08:45 PM**
SEX: **FEMALE** AGE: **72 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE: [redacted]
BIRTHPLACE: **EL PASO, TEXAS**

MARITAL STATUS: **MARRIED**
SPOUSE: **DAVID REID MCCALLUM**

OCCUPATION: **TECHNICAL LIASON**
INDUSTRY: **AEROSPACE**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **DAVID MCCALLUM**
RELATIONSHIP: **SPOUSE**
ADDRESS: **1012 CYPRESS COURT, BURLINGTON, WA 98233**

CAUSE OF DEATH:
A: **BLADDER CANCER**
INTERVAL: **8 MONTHS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY: **UNKNOWN**
INJURY AT WORK: **UNKNOWN**
PLACE OF INJURY:

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **1012 CYPRESS COURT**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233**

RESIDENCE STREET: **1012 CYPRESS COURT**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **19 YEARS**

FATHER/PARENT: **CHARLES ATKIN EANES**
MOTHER/PARENT: **WINNIE MARIE** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **SEATTLE SERVICE GROUP CREMATORY**

CITY, STATE: **SEATTLE, WASHINGTON**
DISPOSITION DATE: **JUNE 02, 2017**

FUNERAL FACILITY: **NEPTUNE SOCIETY - LYNNWOOD**

ADDRESS: **4320 196TH ST SW - STE. C**
CITY, STATE, ZIP: **LYNNWOOD, WASHINGTON 98036**
FUNERAL DIRECTOR: **JOHN K. MOODY**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **NO**
PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **SARA RAHMAN, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **7205 265TH ST NW**
CITY, STATE, ZIP: **STANWOOD, WASHINGTON 98292**
DATE SIGNED: **JUNE 01, 2017**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **JUNE 01, 2017**

# 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

**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 ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ 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:**

| 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 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 422-034 October 2015

*CERTIFIED*

JUN 06 2017

Skagit County Health Department
Howard Leibrand M.D., Health Officer

0 1 4 4 0 8 5 7

Certificate not valid unless the Seal of the State of Washington, Raised, and Signature Applied