



Skagit County Auditor
4/20/2018 Page

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\$36.00
3 3:34PM

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-166889-OE, 02-166889-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Viola May Savage

ABBREVIATED LEGAL DESCRIPTION:

Unit F-2, Mariner's Ridge Villas, A Condo

TAX PARCEL NUMBER(S):

P123818

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-026848

DATE ISSUED: 06/21/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIOLA MAY

LAST NAME(S): SAVAGE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 14, 2017

HOUR OF DEATH: 10:00 PM

SEX: FEMALE

AGE: 99 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: LAKE MCMURRAY, WASHINGTON

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: OWNER/OPERATOR

INDUSTRY: ROOFING INDUSTRY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: GAIL EBEL-HIGGINS

RELATIONSHIP: DAUGHTER

ADDRESS: 1819 CREEKSIDE LANE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CEREBRAL VASCULAR ACCIDENT

INTERVAL: 1 WEEK

B:

INTERVAL

C:

INTERVAL

D:

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA, FALL AT TIME OF CEREBRAL VASCULAR ACCIDENT 6/8/17 AT HOME, ANXIETY

DATE OF INJURY: JUNE 08, 2017

HOUR OF INJURY: UNKNOWN UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: HOME

LOCATION OF INJURY: 2511 M AVE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED:

PATIENT FELL WITH WALKER 6/8/17 LIKELY DUE TO CEREBRAL VASCULAR ACCIDENT, HAD NEW HEMIPARESIS AND FACIAL DROOP. FAMILY ELECTED HOSPICE FOR COMFORT FOCUSED CARE AND SHE DIED NATURALLY 6 DAYS LATER, NO LONGER EATING OR DRINKING.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 3911 O AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3911 O AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER/PARENT: CHARLES R JENKINS

MOTHER/PARENT: PEARL JOSEPHINE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JUNE 20, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JUNE 16, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JUNE 19, 2017



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: ☐ 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 ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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:

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

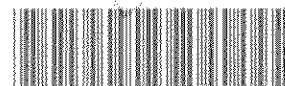
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-031 October 2015

CERTIFIED*

JUN 21 2017

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



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