



201805030051

Skagit County Auditor

\$36.00

5/3/2018 Page

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3

1:08PM

When Recorded Please Return To:

LAWRENCE A. PIRKLE

PO Box 1788

Mount Vernon, WA 98273

(360) 336-6587

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON

GRANTEE: MARIE A. KUNFERMAN

LEGAL DESCRIPTION:

That part of the following described tract lying West of 2nd Street as the same is laid out and established in the Town of Avon.

The Southwesterly 20 feet of that portion of Government Lot 4 in Section 12, Township 34 North, Range 3 East W.M.,

Situated in Skagit County Washington

ASSESSOR PARCEL / TAX ID NUMBER: P21562 340312-0-093-0016

P21564 340312-0-041-0004

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-001387

DATE ISSUED: 01/16/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARIE A
LAST NAME(S): KUNFERMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 09, 2018
HOUR OF DEATH: 11:37 AM
SEX: FEMALE AGE: 103 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 17185 AVON STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 17185 AVON STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 70 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

FATHER/PARENT: WILLIAM HERRLE
MOTHER/PARENT: AMY [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 16, 2018

INFORMANT: GARY PEARSON
RELATIONSHIP: NEPHEW
ADDRESS: PO BOX 552, DIAMOND SPRINGS, CALIFORNIA 95619

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:
A: BREAST CANCER
INTERVAL: 3 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JANUARY 10, 2018

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JANUARY 12, 2018



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				
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:

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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 2016

CERTIFIED

JAN 16 2018

Howard Leibrand M.D., Health Officer



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