



201805300091

05/30/2018 03:27 PM Pages: 1 of 3 Fees: \$36.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-167228-OE, 02-167228-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

CARL W. R. MARCOTTI

ABBREVIATED LEGAL DESCRIPTION:

Lots 16 & 17, Blk 8, Queen Anne To Anacortes.

TAX PARCEL NUMBER(S):

3812-008-017-0006/P58717

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

0081
03/07

Local File Number: **945-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKA if any) First Middle LAST Suffix: **Carl W.R. MARCOTTI** 2. Death Date: **Oct 19, 2008**

3. Sex (M/F): **M** 4a. Age - Last Birthday: **62** 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number: [REDACTED] 6. County of Death: **Skagit**

7. [REDACTED] 8a. Birthplace (City, Town, or County): **Bristol** 8b. (State or Foreign Country): **England** 9. Decedent's Education: **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.): **1508 - 13th Street** 13b. City or Town: **Anacortes**

13c. Residence: County: **Skagit** 13d. Tribal Reservation Name (if applicable): 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **98221** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **4 years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Kathleen Jo Ahrens**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): **Respiratory Therapist** 18. Kind of Business/Industry (Do not use Company Name): **Medical Industry**

19. Father's Name (First, Middle, Last, Suffix): **Warren Leonard Marcotti** 20. Mother's Name Before First Marriage (First, Middle, Last): **Irene May [REDACTED]**

21. Informant's Name: **Kathleen Jo Marcotti** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **1508 - 13th Street Anacortes WA 98221**

24. Place of Death, if Death Occurred in a Hospital: [REDACTED] Place of Death, if Death Occurred Somewhere Other than a Hospital: **Decedent's Residence**

25. Facility Name (If not a facility, give number & street or location): **1508 - 13th Street** 26a. City, Town, or Location of Death: **Anacortes** 26b. State: **WA** 27. Zip Code: **98221**

28. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Northwest Crematory** 30. Location-City/Town, and State: **Anacortes, Washington**

31. Name and Complete Address of Funeral Facility: **Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-** 32. Date of Disposition: **October 22, 2008**

33. Funeral Director Signature X: *Seward A. Mellic*

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Peripheral Vascular Disease/Ischemic Gangrene** Interval between Onset & Death: **2 Years**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. **Type II Diabetes Mellitus** Interval between Onset & Death: **30 Years**

c. Interval between Onset & Death: d. Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **Kidney Failure, Ischemic Cardiomyopathy** 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Undetermined Accident Pending Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (mm/dd/yyyy): 42. Hour of Injury (24hrs): 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: Apt. No.: City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred: 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To this effect, the physician, having personally examined the decedent, certifies that the cause of death is as stated on this certificate. X *Larry E. Boss* 48b. Medical Examiner/Coroner - On the basis of the information available and the post-mortem examination, the medical examiner/coroner certifies that the cause of death is as stated on this certificate. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Larry E. Boss M.D., 410 Birchwood Ave, Suite 200, Bellingham, WA 98225** 50. Hour of Death (24hrs): **15:45 PM**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (mm/dd/yyyy): **10/20/2008**

53. Title of Certifier: 54. License Number: **MD00030400** 55. ME/Coroner File Number: **NJA # 488** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: *Betty Jo Angellio Deputy* 58. Date Received (mm/dd/yyyy): **OCT 21 2008**

59. Amendments:

DOH/CHS 003 Rev 2/08/2004

DOH 01-003 (5/99)



Affidavit for Correction

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Center for Health Statistics
Olympia, WA 98507-8709
(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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:		17. Address:
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof:				
Certificate of Naturalization		Medical Record		School Record
Hospital Records		Military Record (DD-214)		Voter's Registration Card (if it bears an effective date)
Insurance Records		Birth Record		Alien Registration Card (front and back)
Marriage/Divorce Records		Passport		
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.				
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. 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).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

OCT 31 2008

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

QQ00156844