



201806210059

06/21/2018 01:47 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

**Return Address:**

JOHN PADOVAN  
1707 8TH ST  
ANACORTES, WA 98221

**Document Title:**

Death Certificate

REAL ESTATE EXCISE TAX AFFIDAVIT

**Reference Number** (if applicable): \_\_\_\_\_

**Grantor(s):**

☐ additional grantor names on page \_\_\_\_

- 1) JOHN M PADOVAN
- 2) MARGUERITE PADOVAN LIFE ESTATE

**Grantee(s):**

☐ additional grantor names on page \_\_\_\_

- 1) JOHN M PADOVAN
- 2) \_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20182643  
JUN 21 2018

Amount Paid \$0  
Skagit Co. Treasurer  
By Wand Deputy

**Abbreviated Legal Description:**

☐ full legal on page(s) \_\_\_\_

ANACORTES W 1/2 OF 3 & ALL VAC ALLEY ADJ ALSO ALL  
OF 4 & 5 ALL OF 16 FT VAC ALLEY ADJ TO 4 & 5 BLK 157

**Assessor Parcel /Tax ID Number:**

☐ additional parcel numbers on page \_\_\_\_

P55989 / 3772-157-005-0003

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-024577

DATE ISSUED: 06/05/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARGUERITE AGNES  
LAST NAME(S): PADOVAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 01, 2018  
HOUR OF DEATH: 06:30 AM  
SEX: FEMALE AGE: 98 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

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

INFORMANT: JOHN M PADOVAN  
RELATIONSHIP: SON  
ADDRESS: 1707 8TH ST., ANACORTES, WA 98221

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: MINUTES  
B: PROTEIN CALORIE MALNUTRITION  
INTERVAL: WEEKS  
C: ADULT FAILURE TO THRIVE  
INTERVAL: MONTHS  
D: CHRONIC RESPIRATORY FAILURE WITH HYPOXIA  
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
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: 1707 8TH ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1707 8TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 70 YEARS

FATHER/PARENT: EDWARD W SCRIBNER  
MOTHER/PARENT: AGNES S [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JUNE 05, 2018

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: MORGAN F. MERRILL, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2511 M AVE STE B  
CITY, STATE, ZIP: ANACORTES, WA 98221  
DATE SIGNED: JUNE 01, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JUNE 04, 2018

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-132 (4/16)



# Affidavit for Correction

201806210059

Mail to: Center for Health Statistics

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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
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<b>Required</b>	<b>Required information must match current information on record</b>			
	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:**  

<b>The record now shows:</b>	<b>The true fact is:</b>
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<sup>nd</sup> parent (if required): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 05 2018

Skagit County Health Department  
Howard Leibrand M.D., Health OfficerCertificate not valid unless the Seal of the State of  
Washington changes color when heat applied.

0 1 8 0 5 5 1 2