



**201806270012**

06/27/2018 09:54 AM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

After recording return document to:

Adaptive Law Firm PS  
107 State Street  
Sedro Woolley, WA 98284

**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):** Delores Alice Bacus

**ADDITIONAL GRANTEE ON PAGE OF DOCUMENT.**

**ABBREVIATED LEGAL DESCRIPTION:**

P39036: Lot 1 of Short Plat 3-89  
P127660: Short Plat No. SP90-0043  
P39237: Tract 2 of Short Plat No. 59-88

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

**ASSESSOR'S TAX/PARCEL NUMBER(S):** P39036, P127660 & P39237

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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OFFICE USE ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. QUERIES

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24.

TYPE OF PRINT IN PERMANENT BLACK INK

30

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

2 04053

STATE FILE NUMBER

1. NAME First Middle Last <b>DELORES ALICE BACUS</b>			2. SEX (M / F) <b>Female</b>	3. DEATH DATE (Mo, Day, Yr) <b>January 16, 1992</b>
4. AGE LAST BIRTH-DAY (Yrs) <b>64</b>	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTH-DATE (Mo, Day, Yr)	8. BIRTH-PLACE (City, State or Foreign Country) <b>Eaton, Colorado</b>
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10. COUNTY OF DEATH <b>Skagit</b>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>
11. CITY, TOWN OR LOCATION OF DEATH <b>Sedro Woolley</b>		12. PLACE OF DEATH— <del>DO</del> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>United General Hospital</b>		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>Ivan Bacus, Sr.</b>		16. SOCIAL SECURITY NO. [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>2</b>				
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Licensed Practical Nurse</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Health Care</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>
21. RACE (Specify) <b>White</b>				
22. RESIDENCE—NUMBER AND STREET <b>2614 Minkler Road</b>		23. CITY/TOWN, OR LOCATION <b>Sedro Woolley</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>	25A. COUNTY <b>Skagit</b>
25B. LENGTH OF RES. IN CO. <b>49 yrs.</b>		26. STATE <b>WA</b>	27. ZIP CODE <b>98284</b>	
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Kenneth Yates</b>		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Jessie [REDACTED]</b>		
30. INFORMANT—NAME <b>Ivan Bacus, Sr.</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>2614 Minkler Road Sedro Woolley, WA 98284</b>		
32. BURIAL CREMATION REMOVAL, OTHER (Specify) <b>Burial</b>		33. DATE (Mo, Day, Yr) <b>Jan. 24, 1992</b>	34. CEMETERY/CREMATORY—NAME <b>Union Cemetery</b>	
35. LOCATION—CITY/TOWN, STATE <b>Sedro Woolley, Washington</b>		36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		
37. NAME OF FACILITY <b>Lemley Chapel</b>		38. ADDRESS OF FACILITY <b>1008 3rd St. Sedro Woolley, WA 98284</b>		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <input checked="" type="checkbox"/> <i>[Signature]</i> M.D.		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <input checked="" type="checkbox"/> <i>[Signature]</i>		
40. DATE SIGNED (Mo, Day, Yr) <b>1-17-92</b>		41. HOUR OF DEATH (24 Hrs.) <b>1630 hrs.</b>	44. DATE SIGNED (Mo, Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Stephen M. Aldrich, MD 1030 Fairhaven, Ave. Burlington, WA 98233</b>		49. ME/CORONER FILE NUMBER		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Cardiorespiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
		B. <b>Systemic Paralysis with Encephalopathy</b> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <b>Subs</b>
		C. <b>Cell Carcinoma (lung)</b> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <b>August 91 (Cancer)</b>
		D.		INTERVAL BETWEEN ONSET AND DEATH
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>None</b>		52. AUTOPSY? (Yes / No) <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <b>x Sharon S. Beeson, Deputy</b>		63. DATE RECEIVED (Mo, Day, Yr.) <b>Jan 23, 1992</b>

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 422-131 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201806270012

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98512-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

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### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
Person on Record:  Parent(s)  Funeral Director  Other (specify)

7. Return Mailing Address: P.O. Box or Street Address City State Zip

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**

- 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.
- 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.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

*Christie Spice*

ISSUED

JUN 19 2018



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