



**201806290036**

06/29/2018 09:00 AM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

**WHEN RECORDED RETURN TO:**

Ray D. Jarmin  
P.O. Box 24  
Rockport, WA 98283

01-167458-OE, 01-167458-OE

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
STATE OF WASHINGTON

*Land Title*

**GRANTEE:**  
JARMIN, JANIS MARIE

**ABBREVIATED LEGAL DESCRIPTION:**  
Ptn Gov. Lot 4, 25-35-9 E W.M.

**TAX PARCEL NUMBER(S):**  
P44659

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-001759

DATE ISSUED: 01/18/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JANIS MARIE  
LAST NAME(S): JÄRMIN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 15, 2018  
HOUR OF DEATH: 01:35 AM  
SEX: FEMALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 52753 RAILROAD AVE.  
CITY, STATE, ZIP: ROCKPORT, WASHINGTON 98283

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

RESIDENCE STREET: 52753 RAILROAD AVE.  
CITY, STATE, ZIP: ROCKPORT, WA 98283  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 51 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SANTA MONICA, CA

FATHER/PARENT: ELVIE BARNETT  
MOTHER/PARENT: HELEN [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: RAY JARMIN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 17, 2018

INFORMANT: RAY JARMIN  
RELATIONSHIP: HUSBAND  
ADDRESS: P.O. BOX 24 ROCKPORT, WA 98283

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:  
A: SUDDEN CARDIAC DEATH  
INTERVAL: UNKNOWN  
B: UNSPECIFIED CARDIOVASCULAR DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CLINICAL HISTORY OF LEFT BUNDLE-BRANCH BLOCK WITH LEFT AXIS DEVIATION NOTED IN JULY 2016

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:

CERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JANUARY 16, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 18SK0016  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JANUARY 16, 2018



# Affidavit for Correction 201806290036

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
<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: 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) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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

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



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

# \*CERTIFIED\*

## JAN 18 2018

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



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