



201807130139

07/13/2018 03:55 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:
Viola Caldwell
PO Box 1523
La Conner, WA 98257

Land Title and Escrow

02-167918-OE, 02-167918-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Wallace B. Caldwell

ABBREVIATED LEGAL DESCRIPTION: Lot 308, Shelter Bay Div. #2

TAX PARCEL NUMBER(S): P129141 / S3402350018

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

193

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

4 10852

STATE FILE NUMBER

1. NAME WALLACE B. CALDWELL		2. SEX (M / F) Male		3. DEATH DATE (Mo., Day, Yr.) Mar. 31, 1994	
4. AGE LAST BIRTHDAY (Yrs.) 73		5. BIRTHDATE (Mo., Day, Yr.) [REDACTED]		6. BIRTHPLACE (City, State or Foreign Country) Seattle, Wa.	
7. UNDER 1 YEAR DAYS 105		8. UNDER 1 DAY HOURS 105		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
10. COUNTY OF DEATH Skagit		11. CITY, TOWN OR LOCATION OF DEATH Sedro Woolley			
12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> DURING EMERGENCY 4 <input type="checkbox"/> HOSP. 5 <input checked="" type="checkbox"/> NURS HOME 6 <input type="checkbox"/> OTHER PLACE Skagit Valley Convalescent Center		13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Viola Jo Grimes		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (13-16 or 17+) 0		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner			
19. KIND OF BUSINESS OR INDUSTRY Machine Shop		20. Was Decedent of Hispanic origin or ancestry? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 308 Willapa Pl.		23. CITY/TOWN OR LOCATION La Conner		24. INSIDE CITY LIMITS? (Yes / No) No	
25. COUNTY Skagit		26. LENGTH OF RES. IN CO. 8 yrs.		27. STATE Wash.	
28. ZIP CODE 98257		29. FATHER'S NAME—FIRST, MIDDLE, LAST Benjamin F. Caldwell			
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mabel [REDACTED]		31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 308 Willapa Pl. La Conner, Washington 98257			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr.) Apr. 1, 1994		34. CEMETERY/CREMATORY—NAME Mount Vernon Crematory	
35. LOCATION—CITY/TOWN, STATE Mount Vernon, Wa. 98273		36. ADDRESS OF FACILITY Keen Funeral Home 1122 S. 3rd St. Mount Vernon, Wa. 98273			
37. NAME OF FACILITY					
38. ADDRESS OF FACILITY					
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 T.W. Martin MD					
40. DATE SIGNED (Mo., Day, Yr.) 3-31-94					
41. HOUR OF DEATH (24 Hrs.) 0945					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) T.W. Martin, Jr. MD 1918 Hospital Dr. Sedro Woolley, Wa. 98284					
43. HOUR PRONOUNCED DEAD (24 Hrs.)					
44. DATE SIGNED (Mo., Day, Yr.)					
45. HOUR OF DEATH (24 Hrs.)					
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) T.W. Martin, Jr. MD 1918 Hospital Dr. Sedro Woolley, Wa. 98284					
49. MECCORPHER FILE NUMBER					
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Carcinoma - Undetermined primary					
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. DUE TO OR AS A CONSEQUENCE OF dementia - manic depressive type					
B. DUE TO OR AS A CONSEQUENCE OF					
C. DUE TO OR AS A CONSEQUENCE OF					
D. DUE TO OR AS A CONSEQUENCE OF					
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.					
52. AUTOPSY? (Yes / No) No					
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No					
54. ACC. SUICIDE, HOME, UNDET., OR PENDING INQUEST (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 (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE					
62. REGISTRAR SIGNATURE Sharon D. Beeson, Deputy					
63. DATE RECEIVED (Mo., Day, Yr.) April 1, 1994					

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 8-150)

DOH 422-131 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201807130109

to: Center for Health Statistics

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

07/13/2018 03:55 PM

Page 1 of 1

P.O. Box 47814

Olympia, WA 98512-4714

360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required

Record Type: ☐ 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)

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:

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 foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: 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 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

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

ISSUED
JUN 29 2018

0 1 1 3 4 6 4 1