



**201807200062**

07/20/2018 01:32 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

---

DOCUMENT TITLE(S): Washington State Certificate of Death

REFERENCE NUMBER(S):

GRANTOR: State of Washington

GRANTEE: William Roy Hiett (Deceased)

LEGAL DESCRIPTION:

PARCEL A

That portion of the North 1/2 of the NW 1/4 of the SW 1/4 of Section 17, Township 36 North, Range 4 East of the W.M. lying Easterly of the County Road and Westerly of the State Highway, EXCEPT that portion thereof within the following tract:

Beginning at the intersection of the East line of the County Road with the South line of the North 1/2 of the NW 1/4 of the SW 1/4 of said Section 17; thence East 626 1/4 feet; thence North 208 2/3 feet; thence West 626 1/4 feet; thence South 208 2/3 feet to the point of beginning. INCLUDING MOBILE HOME 2590 SPACEMASTER 60 46X10.

PARCEL B

Lot 9, "PLAT OF ALGER VALLEY ACRES", as recorded May 7, 2001 under Auditor's File No. 200105070084, records of Skagit County Washington.

ASSESSOR PARCEL / TAX ID NUMBERS: (P49347) 360417-3-007-0002  
(P118075) 4776-000-009-0000

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-013335

DATE ISSUED: 03/28/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM ROY  
LAST NAME(S): HIETT

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: MARCH 21, 2018  
HOUR OF DEATH: 06:05 AM

SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SPOUSE: MARIAN VIOLA KNUDSON

OCCUPATION: LOGGER  
INDUSTRY: LOGGING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: MARIAN VIOLA HIETT  
RELATIONSHIP: WIFE  
ADDRESS: 2540 OLD HWY 99 N ROAD, BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: CARDIOGENIC SHOCK  
INTERVAL: DAYS  
B: NON-ST ELEVATION MYOCARDIAL INFARCTION  
INTERVAL: DAYS  
C: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
D:  
INTERVAL:

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: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 2540 OLD HWY 99 N ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 52 YEARS

FATHER/PARENT: GLEN HIETT  
MOTHER/PARENT: MILDRED [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: BURLINGTON CEMETERY

CITY, STATE: BURLINGTON, WASHINGTON  
DISPOSITION DATE: MARCH 28, 2018

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
FUNERAL DIRECTOR: PAUL L. GIBSON

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: OMAR JAFFER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140  
CITY, STATE, ZIP: BELLINGHAM, WA 98225  
DATE SIGNED: MARCH 23, 2018

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

LOCAL DEPUTY REGISTRAR: LEAH DEVRIES  
DATE RECEIVED: MARCH 26, 2018



# Affidavit for Correction

201807200062

Mail to: Center for Health Statistics

07/20/2018 01:32 PM Page 3 of 3

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
-------------------	------------	----------	------	------------------

#### Required information must match current information on record

<b>Required</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 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: 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 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\*

MAR 28 2018

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



0 1 8 0 3 0 5 4



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