



201807270136

07/27/2018 02:10 PM Pages: 1 of 10 Fees: \$108.00 Skagit County Auditor

WHEN RECORDED RETURN TO:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

QUIT CLAIM DEED

THE GRANTOR Richard I. Hammer Jr. For the Estate of RICHARD I. HAMMER SR

for and in consideration of INHERITANCE

conveys and quit claims to RICHARD I. HAMMER, JR.

the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor(s) herein:

The north 30 feet of lot 13 and the south 45 feet of lot 14, Block 3 Hillcrest Park addition to Mt. Vernon according to the plat recorded in Volume 6 of Plats, page 8, Records of Skagit County, Washington. Except the easterly 10 feet thereof conveyed to the city of Mount Vernon for street purposes by deed dated July 13, 1955 and filed for record under auditor file # 521114 and re-recorded under auditor file # 522859

Tax Account Number: P 53192

DATED 27 July, 2018

Richard I Hammer Jr.  
(Individual) By \_\_\_\_\_  
(Individual) By \_\_\_\_\_  
(Secretary)

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018 3314  
JUL 27 2018

Amount Paid \$0  
Skagit Treasurer  
man Deputy  
(Secretary)

STATE OF WASHINGTON )  
COUNTY OF WA ) ss.

On this day personally appeared before me Richard I Hammer Jr. to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 27th day of July, 2018

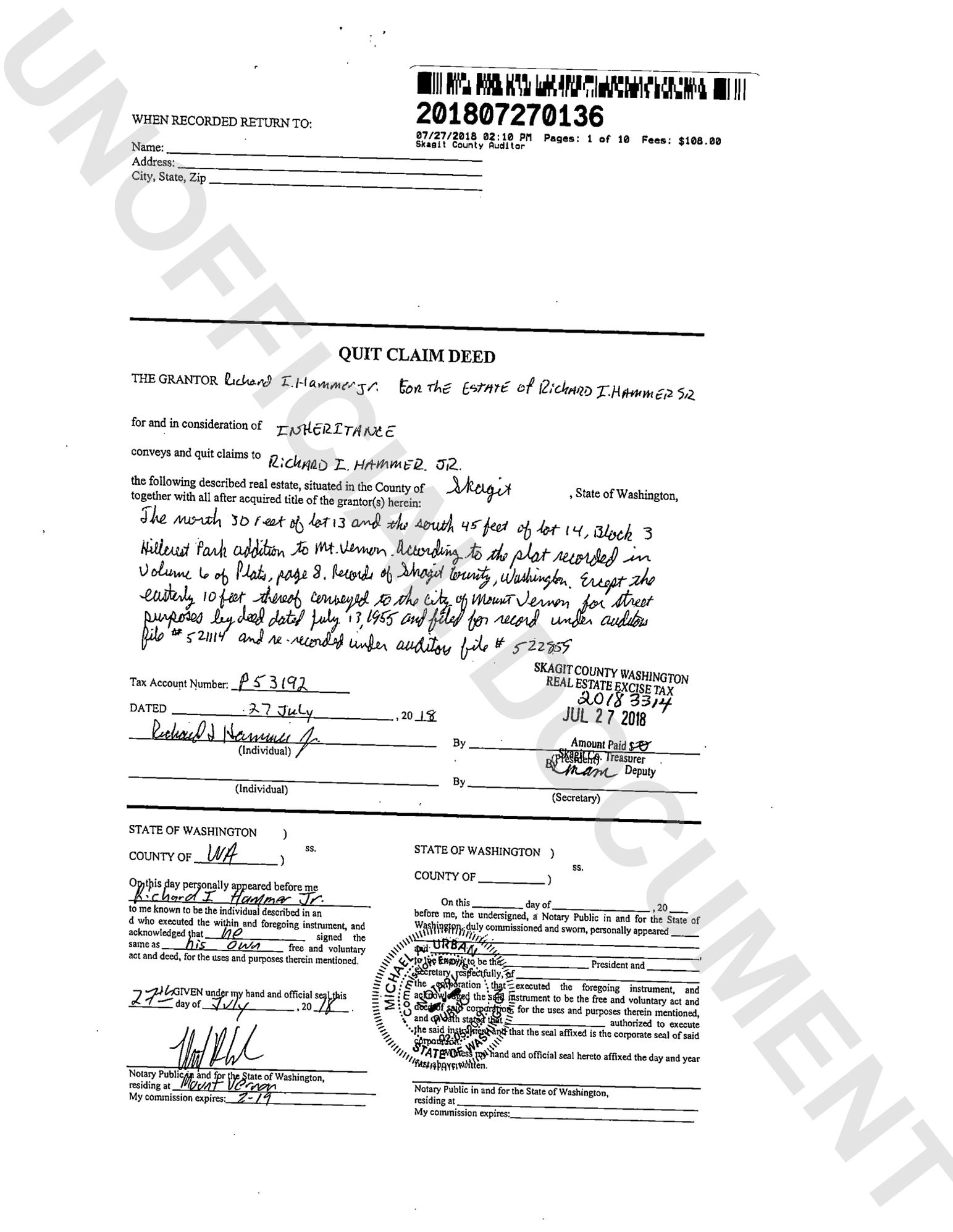
[Signature]  
Notary Public in and for the State of Washington,  
residing at Mount Vernon  
My commission expires: 2-19

STATE OF WASHINGTON )  
COUNTY OF \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_

and URBAN \_\_\_\_\_ President and \_\_\_\_\_ Secretary, respectively, of the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation for the uses and purposes therein mentioned, and I do hereby state that \_\_\_\_\_ authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation. \_\_\_\_\_  
I do hereby certify that \_\_\_\_\_ on hand and official seal hereto affixed the day and year \_\_\_\_\_ written.

Notary Public in and for the State of Washington,  
residing at \_\_\_\_\_  
My commission expires: \_\_\_\_\_



Return Address:

Richard J Hammer Jr.  
1707 S. 16th St  
Mt. Vernon, WA. 98274

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Richard J Hammer Jr., being first duly sworn  
Name of Affiant  
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is Son  
Relationship to decedent  
of Richard J Hammer Sr., who died on Feb 1, 2018  
Decedent/Grantor Date  
at Mt. Vernon Skagit Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: The north 30 feet of lot 13 and the south 45 feet  
of lot 14, Block 3 Hillcrest Park addition to Mt. Vernon except the  
easterly 10 feet thereof conveyed to the city of Mt. Vernon for  
street purposes by deed dated July 13, 1955 and filed for record under  
auditors file # 5211114 and re-recorded under auditors file # 522859

Assessor's Property Tax Parcel/Account Number: P53192  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of 3)

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*Full name, age, relationship, address*

Richard Hammer Jr. Son  
1707 S. 16<sup>th</sup> St. Mt. Vernon, WA. 98274

*Full name, age, relationship, address*

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*Full name, age, relationship, address*

Dated: 24 July 2018

Richard J. Hammer Jr.  
Affiant's full name

360-503-9071  
Telephone number

1707 S. 16th St.

Mt. Vernon, WA. 98274  
City State Zip Code

Richard J. Hammer Jr. 7-27-18  
Signature Date

State of WA County of Skagit

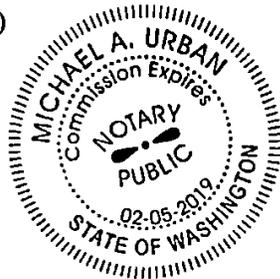
I know or have satisfactory evidence that Richard I Hammer Jr.  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/27/18

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 2/19

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-005685

DATE ISSUED: 06/12/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD IRVIN  
LAST NAME(S): HAMMER SR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 01, 2018  
HOUR OF DEATH: 10:25 AM  
SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1707 S 16TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 1707 S 16TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: CAMAS, WA

FATHER/PARENT: LOGAN IRVIN HAMMER  
MOTHER/PARENT: BURNETTE MAY [REDACTED]

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

OCCUPATION: STORE CLERK  
INDUSTRY: DEPARTMENT STORE  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: FEBRUARY 09, 2018

INFORMANT: RICHARD HAMMER JR  
RELATIONSHIP: SON  
ADDRESS: 1707 S 16TH MOUNT VERNON WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A: CARDIOMYOPATHY  
INTERVAL: WEEKS  
B: MYOCARDIAL INFARCTION  
INTERVAL: WEEKS  
C: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ENLARGING LUNG MASS,  
PRESUMED CANCER, NOT BIOPSED. CHRONIC OBSTRUCTIVE PULMONARY  
DISEASE

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: FEBRUARY 02, 2018

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 07, 2018



# Affidavit for Correction

201807270136

Mail No: Center for Health Statistics

07/27/2018 02:10 PM Page 6 of 10

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 |
|-------------------|------------|----------|------|------------------|

|                 |   |  |   |                                      |  |
|-----------------|---|--|---|--------------------------------------|--|
| <b>Required</b> | Required information must match current information on record   |  |   |                                      |  |
|                 | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) |  |   |                                      |  |
|                 | 1. Name on Record:<br>First Middle Last   |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>City or County |  |
|                 | 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden   |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>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:<br>P.O. Box or Street Address |  |  |  | City | State | Zip |
|--|--|--|--|------|-------|-----|

|                          |                |
|--------------------------|----------------|
| Telephone Number:<br>( ) | 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:   | Printed name:   |
| Date:           | 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.

|  |  |
|--|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
|--|--|

\*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 12 2018

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



0 1 8 0 5 7 8 7



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

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 1st day of February, 1982, by and between RICHARD I. HAMMER, SR. and ELSIE M. HAMMER, husband and wife, of Skagit County, State of Washington, pursuant to the provision of Section 26.16.020, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

That in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

I.

That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated now and owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simply in the survivor of them.

IN WITNESS WHEREOF, the said RICHARD I. HAMMER, SR. and ELSIE M. HAMMER have hereunto set their hands and seals this 1st day of February 1982.

Richard I. Hammer, Sr.  
Richard I. Hammer, Sr.

Elsie M. Hammer  
Elsie M. Hammer

STATE OF WASHINGTON )  
                                  :    ss  
COUNTY OF SKAGIT    )

THIS CERTIFIES that on this 1st day of February, 1982, personally appeared before me RICHARD I. HAMMER, SR. and ELSIE M. HAMMER, husband and wife, to me known to be the individuals who executed the foregoing

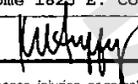
instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

*Signed*

Notary Public in and for the State of  
Washington, residing at Mt. Vernon

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

|   |                                      |  |   |   |  |  |
|---|--------------------------------------|--|---|---|--|--|
| Local File Number <b>597-07</b>   |                                      | <b>Washington State Certificate of Death</b>   |   |   | State File Number                                      |  |
| 1. Legal Name (include AKA's if any) * First Middle LAST Suffix<br><b>Elsie Marie HAMMER</b>  |                                      |  |   | 2. Death Date<br><b>Aug-4, 2007</b>   |  |  |
| 3. Sex (M/F)<br><b>F</b>  | 4a. Age - Last Birthday<br><b>69</b> | 4b. Under 1 Year<br>Months Days  | 4c. Under 1 Day<br>Hours Minutes                            | 5. Social Security Number<br><b>542-40-0711</b>   | 6. County of Death<br><b>Skagit</b>                    |  |
| 7. Birthdate<br><b>Jan 18, 1938</b>   |                                      | 8a. Birthplace (City, Town, or County)<br><b>Portland</b>  |   | 8b. (State or Foreign Country)<br><b>Oregon</b>   |  | 9. Decedent's Education<br><b>HS Graduate</b>  |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.<br><b>No</b>  |                                      |  | 11. Decedent's Race(s)<br><b>White</b>                      |   | 12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b> |  |
| 13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)<br><b>1707 S 16th St.</b>   |                                      |  |   | 13b. City or Town<br><b>Mount Vernon</b>  |  |  |
| 13c. Residence: County<br><b>Skagit</b>   |                                      | 13d. Tribal Reservation Name (if applicable)   |   | 13e. State or Foreign Country<br><b>Washington</b>  |  | 13f. Zip Code + 4<br><b>98274-</b>   |
| 14. Estimated length of time at residence.<br><b>20y</b>  |                                      | 15. Marital Status at Time of Death<br><b>Married</b>  |   | 16. Surviving Spouse's Name (Give name prior to first marriage)<br><b>Richard Hammer</b>  |  |  |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))<br><b>Homemaker</b>   |                                      |  |   | 18. Kind of Business/Industry (Do not use Company Name)<br><b>Home</b>  |  |  |
| 19. Father's Name (First, Middle, Last, Suffix)<br><b>Eskel C. Brooks</b>   |                                      |  |   | 20. Mother's Name Before First Marriage (First, Middle, Last)<br><b>Stella May Hoar</b>   |  |  |
| 21. Informant's Name<br><b>Richard Hammer Sr.</b>   |                                      | 22. Relationship to Decedent<br><b>Husband</b>   |   | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip<br><b>1707 S 16th St. Mount Vernon WA 98274-</b>   |  |  |
| 24. Place of Death, if Death Occurred in a Hospital:<br>Place of Death, if Death Occurred Somewhere Other than a Hospital:<br><b>Decedent's Residence</b>   |                                      |  |   |   |  |  |
| 25. Facility Name (if not a facility, give number & street or location)<br><b>1707 S 16th St.</b>   |                                      |  |   | 26a. City, Town, or Location of Death<br><b>Mount Vernon</b>  |  | 26b. State<br><b>WA</b>  |
| 27. Zip Code<br><b>98274-</b>   |                                      | 28. Method of Disposition<br><b>Burial</b>   |   | 29. Place of Final Disposition (Name of cemetery, crematory, other place)<br><b>Hawthorne Memorial Park</b>   |  | 30. Location-City/Town, and State<br><b>Mount Vernon, Washington</b>   |
| 31. Name and Complete Address of Funeral Facility<br><b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398</b>  |                                      |  |   |   | 32. Date of Disposition<br><b>Aug 10, 2007</b>         |  |
| 33. Funeral Director Signature X<br>   |                                      |  |   |   |  |  |
| 34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.<br>Cause of Death (See instructions and examples) |                                      |  |   |   |  |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) →   |                                      |  | a. <b>General cachexia with nonhealing decubitus ulcers</b> |   | Interval between Onset & Death<br><b>months</b>        |  |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST  |                                      |  | b. <b>Multiple sclerosis</b>                                |   | Interval between Onset & Death<br><b>years</b>         |  |
|   |                                      |  | c.  |   | Interval between Onset & Death                         |  |
|   |                                      |  | d.  |   | Interval between Onset & Death                         |  |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above<br><b>None</b>   |                                      |  |   | 36. Autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 37. Were autopsy findings available to complete the Cause of Death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 38. Manner of Death<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Undetermined<br><input type="checkbox"/> Suicide <input type="checkbox"/> Pending  |                                      | 39. If female<br><input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |   | 40. Did tobacco use contribute to death?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably<br><input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 41. Date of Injury (mm/dd/yyyy)<br><b>N/A</b>   |                                      | 42. Hour of Injury (24hrs)<br><b>MA</b>  |   | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)<br><b>MA</b>  |  | 44. Injury at Work?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk                    |
| 45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:<br><b>MA N/A</b>  |                                      |  |   | 46. Describe how injury occurred<br><b>N/A</b>  |  |  |
| 47. If transportation injury, specify:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)   |                                      |  |   | 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.<br><b>S. Robertson</b>                |  |  |
| 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  |                                      |  |   | 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)<br><b>Dr. Suzanne Robertson, M.D. 1400 E. Kincaid St., Mount Vernon, WA 98274</b>          |  |  |
| 50. Hour of Death (24hrs)<br><b>1800</b>  |                                      |  |   | 51. Name and Title of Attending Physician if other than Certifier (Type or Print)   |  |  |
| 52. Date Signed (mm/dd/yyyy)<br><b>8/6/07</b>   |                                      |  |   | 53. Title of Certifier<br><b>Dr. S Robertson</b>  |  |  |
| 54. License Number<br><b>MD 00030795</b>  |                                      | 55. ME/Coroner File Number<br><b>NJA-257</b>   |   | 56. Was case referred to ME/Coroner?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| 57. Registrar Signature<br><b>Cornie Anderson, Registrar</b>  |                                      |  |   | 58. Date Received (mm/dd/yyyy)<br><b>AUG - 7 2007</b>   |  |  |
| 59. Amendments  |                                      |  |   |   |  |  |



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)



# Affidavit for Correction

201807270136

Center for Health Statistics  
Olympia, WA 98507-9709  
(360) 236-4300

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

07/27/2018 02:16 PM

Page 10 of 10

### STATE OFFICE USE ONLY

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

Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

|                          |                      |
|--------------------------|----------------------|
| 6. The Record now shows: | 7. The True fact is: |
| 8.                       | 9.                   |
| 10.                      | 11.                  |
| 12.                      | 13.                  |

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof:

|                               |                          |   |
|-------------------------------|--------------------------|---|
| Certificate of Naturalization | Medical Record           | School Record   |
| Hospital Records              | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| Insurance Records             | Birth Record             | Alien Registration Card (front and back)                  |
| Marriage/Divorce Records      | Passport                 |   |

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

# \*CERTIFIED\*

AUG 07 2007

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

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