201808020063

WHEN RECORDED RETURN TO:

08/02/2018 10:45 AM Pages: 1 of 3 Fees: \$39.00 Skagit County Auditor

Clarke Family Trust PO Box 2232 Anacortes WA 98221

DOCUMENT TITLE(S): Death Certificate	A1110278
Death Certhicate	GUARDIAN NORTHWEST TITLE CO.
REFERENCE NUMBER(S) OF DOCUMENTS	S ASSIGNED OR RELEASED:
GRANTOR:	
Cynthia Jane Clarke	
GRANTEES:	
ABBREVIATED LEGAL DESCRIPTION:	
	ding to the Plat thereof filed in Volume 9 of Plats at gton.
TAX PARCEL NUMBER(S): P60327, 3831-000-091-0009	





Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued: 11/8/2017

			n State Certifi	cate of Death	State File Nu		
			n siate cerun				
File Number	nclude AKA's Farryj First	Middle	LAST	Sutfla	2. Death Date	<u></u>	
1. Legal Name (ACADO AKA S F MITY] FIRST	N-IUU/II	B 101			1	
	Cynthia	a Jane Cl	larke		06-08-20 <u>10</u>	- 1	
3. Sex (M/F)	Ma Age Lest Bully			Day 5. Social	Security Number	6. County of	
Female	64	Months Days	Hours	Minutes		King	3
7. Birthdate		lace (City, Town, or County)	8b. (State or Forek		ocedent's Education		
	Pa	sadena	Califo		High School	Gradua	ate
0. Was Decede	ent of Hispanic Origin? (Ye	es or No) If yes, specify.		lent's Reco(s)			12. Was Decedant ever in U Armed Forces? NO
No				ıcasian		·— <u>-</u> —	Amadiada: NO
		824 SE 5 St.) (Include Apt. N	No.)			y or Town nacorte	0.5
	Croatian Wa	Υ					13g. Inside City Umits?
13c. Residence:		L Tribal Reservation Name	e (il applicable) 13e.	State or Foreign Counti		221	XO Yes ONO OU
Skagit				Washington	omeetic Partner's Name (
		, 15, Marital Status at Tin		David Allen		SIVE ICECTIO DITOL C	A of the confession
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	me (First Middle, Lesi, Suffix d Peterson	,		Marjori			
21. Informant's		22, Relationship to D	Pacadent 23 Ma	ling Address: Number and		Town State	Zφ
	A. Clarke	Husband	P - 0	O. Box 645		ortes,	WA 98221
	, if Death Occurred in a Hosp		1.5	Place of Death, if Dea	th Occurred Somewhere Othe	r than a Hospital:	
Inpat		JILBI.	•				
	ne (if not a facility, give numb	or & street or incation)		26a, City,	Town, or Location of Deat	h 26b. State	27. Zip Code
	nia Mason H				attle	AW	98101
28. Method of D		29. Place of Final Dispo	naition (Name of cert			on-City/Town,	and State
Crema		Neptune So	ociety C	remation Se	rvices Ke	nt, WA	
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D3. FUNETAL DIT		9324 40th A	ve. S. #.	A Lynnwood,	WA 96036	1	
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Affidavit for Correction

201808020063 to Center for Health Statistics

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Sta	te File Number	Fee Number			Initials	Date	Affida	vit Number	
		•	information mu						
1 -	Record Type: Bir	th □1	Death	Marriage		Dissolution	(Divorce)		
Required	1. Name on Record: First N	Aiddle	Last		2.	Date of Event:	I	e of Event; y or County	
≣.	4. Father/Parent Full Legal Name	(Spouse A for Ma	arriage or Dissolut	ion) 5. Mother	/Parent Full Bir	th Name (Spou	se B for Marriag	e or Dissolution)	
l e	First N	Aiddle	Last/Maiden		First	M.ddle	La	ast/Maiden	
_	6. Name of Person Requesting Co	rrection:	Relation Person o	ship to 🔲 on Record: 🔲		Guardian Funeral Director	☐ Informant ☐ Other (spe		
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<u>_</u>	P O Box or Sirest Address			City			State	Zip	
Tele	phone Number:)			Email Ad	dress:				
	Use the section below	for requesting	any changes o	n the record	. The record	is incorrect o	r incomplete	as follows:	
	The record	now shows:				The tru	e fact is:		
8.	,			9.					
10.				11.					
12.				13.					
14.				15.					
	l declare under penalt	ty of perjury ur	der the laws o	f the State of	i Washingtor	that the forg	oing is true a	nd correct	
16a.	Signature:			16b. Sign	ature of 2 nd par	ent (if required):			
Prin	ted name:		Date:	Printed no	ame:			Date:	
			UCTIONS - go to						
<u></u>			urity card or hos						
Req	uired documentary proof must be su Birth/Marriage/Divorce record •								
	Certificate of Naturalization •			School traiPassport	iscripts		curity Numident manent Reside		
	th Certificates	поорнавтисаю	di 1000id	- rassport		9 01001811 01	manorit reside	nt card (1-001)	
1.	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 ass Mary Ann Doe.	erted fact(s). For	example, if the aff	idavit says the	name should b	e Mary Ann Doe	, the proof must	show the name to be	
3.	Documentary proof must be five or	more years old o	r established with	in five vears of	hirth.				
1	d under 18				3 years or older	-)			
•									
•								• •	
:	After age one, a court order is required to change the					d/or last name is entary proof are		date of birth is incorrect,	

- 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
- 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 only the 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



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





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