



**201808090123**

08/09/2018 03:58 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

**WHEN RECORDED RETURN TO:**

Armando Ruiz  
307 E. Division Street, Unit E  
Mount Vernon, WA 982747

01-168346-OE, 01-168346-OE

**DOCUMENT TITLE(S):**

Death Certificate *Land Title and Escrow*

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

**GRANTOR:**

STATE OF WASHINGTON

**GRANTEE:**

RACHAEL ANN HODGSON

**ABBREVIATED LEGAL DESCRIPTION:**

Ptn Lot 9, All Lot 10, Ptns 11-13, Blk 1, Browns Add. To Tow & Ptn SW  $\frac{1}{4}$  of SW  $\frac{1}{4}$ , 35-36-3 E W.M.

**TAX PARCEL NUMBER(S):**

P71278 & P48725

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

201808090123

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-034513

DATE ISSUED: 08/10/2017

FEE NUMBER:

SEP 25 2017

FIRST AND MIDDLE NAME(S): RACHAEL ANN  
LAST NAME(S): HODGSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 05, 2017  
HOUR OF DEATH: 05:45 AM  
SEX: FEMALE AGE: 42 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: FRANKFURT GERMANY

MARITAL STATUS: MARRIED  
SPOUSE: ARMANDO RUIZ

OCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

INFORMANT: ARMANDO RUIZ  
RELATIONSHIP: HUSBAND  
ADDRESS: 5929 BOW ST BOW, WA 98232

CAUSE OF DEATH:  
A: COLON CANCER, METASTATIC TO LIVER AND LUNGS  
INTERVAL: 2 YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 5929 BOW ST  
CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 5929 BOW ST  
CITY, STATE, ZIP: BOW, WASHINGTON 98232  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: JAMES HODGSON  
MOTHER/PARENT: MARGE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 10, 2017

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

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

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: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: AUGUST 07, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 10, 2017

DOH 522-112 4-06



# Affidavit for Correction 201808090123

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

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98512-4781  
360-236-4300

## STATE OFFICE USE ONLY

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

|  |   |  |                |   |                                      |
|--|---|--|----------------|---|--------------------------------------|
| <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:<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: ( )  |   |  | 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:   | 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

- 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.
- 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.
- 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)

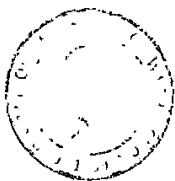
#### Death Certificates

- 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.
- 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



127293 DES

# \*CERTIFIED\*

AUG 10 2017

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



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