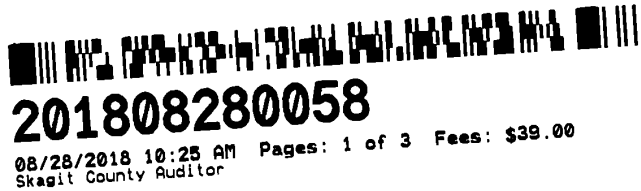


AFTER RECORDING RETURN TO:

DEAN P. SHEPHERD, ATTORNEY
P.O. Box 416
EDMONDS, WA 98020-0416



DEATH CERTIFICATE

Reference numbers of related documents: N/A
on page _____ of document

Grantor(s):

1. KEUSS, CHRISTOPHER W., Deceased

Grantee(s):

1. KEUSS, CHRISTOPHER W., Deceased

Legal Description:

PORTION OF THE SW ¼ OF THE SW ¼, SEC. 33, T33N, R4E WM AND
PORTION OF THE SE ¼ OF THE SE ¼, SEC32, T33N, R4E WM. SITUATE
IN SKAGIT COUNTY, WASHINGTON.

1. Additional legal description is on page N/A of document

Assessor's Property Tax Parcel Account Number(s):

330433-3-012-0008 (P17581)
330433-3-012-0206 (P17720)
330432-0-004-0005 (P90029)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-008753

LOCAL FILE NUMBER: 759

DATE ISSUED: 02/27/2018

FEE NUMBER: 310218

FIRST AND MIDDLE NAME(S): CHRISTOPHER WILLIAM
LAST NAME(S): KEUSS

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: FEBRUARY 24, 2018
HOUR OF DEATH: 05:35 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SPOUSE: JUDITH SWIRSKY

OCCUPATION: PORT EXECUTIVE DIRECTOR
INDUSTRY: STATE OF WASHINGTON
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: JUDITH KEUSS
RELATIONSHIP: WIFE
ADDRESS: 1041 9TH AVE S, EDMONDS, WA 98020

CAUSE OF DEATH:
A: METASTATIC PLEOMORPHIC SARCOMA
INTERVAL: 4 YEARS
B:
INTERVAL:
C:
INTERVAL:
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: HOME
FACILITY OR ADDRESS: 1041 9TH AVE S
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020

RESIDENCE STREET: 1041 9TH AVE S
CITY, STATE, ZIP: EDMONDS, WA 98020
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER/PARENT: FRANK KEUSS
MOTHER/PARENT: [REDACTED]

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

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: MARCH 03, 2018

FUNERAL FACILITY: BECK'S TRIBUTE CENTER

ADDRESS: 405 5TH AVENUE S.
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020
FUNERAL DIRECTOR: JOHN C. BARR

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: NO RESPONSE

CERTIFIER NAME: EILEEN M. JOHNSTON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 21632 HIGHWAY 99
CITY, STATE, ZIP: EDMONDS, WA 98026
DATE SIGNED: FEBRUARY 26, 2018

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

LOCAL DEPUTY REGISTRAR: SHARON MAUCH
DATE RECEIVED: FEBRUARY 26, 2018



Affidavit for Correction

201808280058

08/28/2018 10:25 AM Page 3 of 3

WAC: Center for Health Statistics
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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record:	2. Date of Event:	3. Place of Event:
	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 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:

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 nd 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.

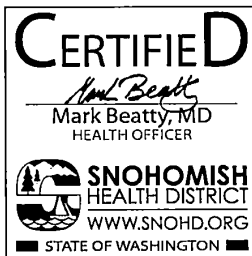
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**Death Certificates**

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



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



0 1 8 1 0 3 0 3