

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018 4195
SEP 20 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By *HP* Deputy



201809200111

09/20/2018 02:39 PM Pages: 1 of 8 Fees: \$106.00
Skagit County Auditor

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro-Woolley, WA 98284

Legal: Ptn. of 6-33-3 EWM
Tax Parcel #: P15481 - 330306-0-007-0005

QUIT CLAIM DEED

The Grantor, ROBERT J. TULLY, AS TRUSTEE OF THE STANLEY AND HELEN OVENELL TRUST dated June 12, 1998, recorded 12/14/2001 under Skagit County Auditor's recording number 200112140166, conveys and quit claims to ROBERT J. TULLY, any and all interest held by the aforementioned trust, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Beginning at the Quarter Corner on the North side of Section 6, Township 33 north, range 3 East, W.M., and running thence South along the centerline of said Section 6, 2651 feet, more or less, to a dike; thence along said dike South 85°45' West 100 feet; thence South 88°45' West 83 feet; thence North 48°15' West 241 feet; thence North 36°30' West 261 feet; thence North 52°30' West 186.5 feet; thence North 82° West 100 feet; thence South 66°20' West 185 feet; thence South 47°30' West 120.4 feet; thence North 81°15' West 189.09 feet; thence North 57° West 128.6 feet; thence North 28°45' West 195.4 feet; thence North 7°50' East 123 feet; thence North 76°45' West 169.5 feet; Thence North 1°30' East 201 feet; thence North 54° West 230.5 feet; thence North 62° West 571 feet, more or less; to the East bank of Sullivan's Slough; thence North 35°30' East along the bank of said slough 1,557 feet, more or less, to the North line of said Section 6; thence East along said North line of Section 6, 1,305 feet, more or less, to the place of beginning; EXCEPT beginning at a point on the dike Lot 5, said Section 6, South 48°42' West from the North Quarter Corner of said Section 6, thence South 54° east 153 feet; thence North 2°26' West 284.2 feet; thence North 88°08' West 50 feet; thence South 31°27' West 64.5 feet; thence South 11°14' West 143.5 feet to place of beginning; and also EXCEPT that portion thereof conveyed to

Dike District No. 9, Skagit County, Washington, by deed recorded under Auditor's file No. 658567.

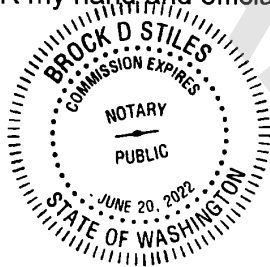
Dated Sept 18, 2018

Robert J. Tully
Robert J. Tully, as Trustee of the
Stanley and Helen Ovenell Trust, Grantor

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me Robert J. Tully, as Trustee of the Stanley and Helen Ovenell Trust, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 18 day of Sept, 2018



Brian D. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at

Sedro Woolley
Commission Expires: 6-20-22

STATE OF WASHINGTON DEPARTMENT OF HEALTH

20-02
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Helen Middle: P. Last: Ovenell				2. SEX (M? F) Female		3. DEATH DATE (Mo, Day, Yr) Jan. 10, 2002	
4. AGE LAST BIRTHDAY (Yrs) 79		5. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) La Conner, Wa.	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input checked="" type="checkbox"/> HOSP. 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Skagit Valley Hospital		13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name) N/A		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Legal Secretary		19. KIND OF BUSINESS OR INDUSTRY Secretarial		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No/White		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 2221 E. Parkway Dr.		23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes/No) Yes		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 79 yrs.		26. STATE Wash.	
						27. ZIP CODE 98273	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Ored Oredson				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Signe [REDACTED]			
30. INFORMANT — NAME Robert J. Tully		31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 408 N. Wall Street Mount Vernon, Wash. 98273					
32. BURIAL, CREMATION, REINTERMENT (Specify) Cremation		33. DATE (Mo, Day, Yr) Jan. 11, 2002		34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Wa. 98273	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 S 3rd St Mount Vernon, WA 98273			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]			
40. DATE SIGNED (Mo, Day, Yr) 1/11/02		41. HOUR OF DEATH (24 Hrs) 2201		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert Raiah MD				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Jakow G. Diner MD 1415 E Kincaid St Mt Vernon WA				49. ME/CORONER FILE NUMBER 005-02			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Pulmonary Cancer Metastatic to Bone + Abdomen		INTERVAL BETWEEN ONSET AND DEATH 3 months					
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: _____ DOCUMENTARY EVIDENCE: _____ REVIEWED BY: _____ DATE: _____		62. REGISTRAR SIGNATURE X Dorothy Epps, deputy				63. DATE RECEIVED (Mo, Day, Yr) JAN 11 2002	

DOH101-003 (5/99)

AFFIDAVIT FOR CORRECTION

201809200111

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

09/20/2018 02:39 PM Page 4 of 8

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> The record of Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

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

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname 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 110-001)

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 attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

CERTIFIED

JAN 11 2002

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

II00303977

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

2017-042069-1
09/29/2018 01:32 PM Page 5 of 8

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-042069

DATE ISSUED: 10/02/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM AVERY
LAST NAME(S): STILES JR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 27, 2017

HOUR OF DEATH: 04:40 PM

SEX: MALE AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: ATTORNEY AT LAW

INDUSTRY: LAW

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: BRIAN STILES

RELATIONSHIP: SON

ADDRESS: 8083 AVERY LANE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: MALIGNANT LUNG CANCER AND BRAIN METASTASES

INTERVAL: 4 MONTHS

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: 8286 STILES LANE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 8286 STILES LANE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER/PARENT: WILLIAM AVERY STILES SR

MOTHER/PARENT: MARY ETTA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON

DISPOSITION DATE: OCTOBER 06, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: CHARLES S. RUHL

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: SEPTEMBER 29, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: SEPTEMBER 29, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201809200111

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

Mailed to: Center for Health Statistics
P.O. Box 47814
MOBILE, WA 9814-7814
360-236-4300

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 foregoing 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.

CERTIFIED

OCT 02 2017

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



0 1 5 1 8 2 0 4

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2141
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DECEDENT
FAMILY
DISPOSITION
CERTIFIER
CAUSE OF DEATH

1. NAME First: STANLEY Middle: R. Last: OVENELL				2. SEX (M / F) MALE		3. DEATH DATE (Mo. Day, Yr) AUGUST 17, 1999	
4. AGE LAST BIRTH (Years) 87	5. UNDER 1 YEAR MOS 	6. UNDER 1 DAY HOURS 	7. BIRTHDATE (Mo. Day, Yr) 	8. BIRTHPLACE (City, State or Foreign Country) STANWOOD, WA.		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES	
11. CITY, TOWN OR LOCATION OF DEATH STANWOOD			12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. INMATE PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE JOSEPHINE SUNSET HOME			13. SMOKING IN LAST 15 YEARS? (Yes / No) NO	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) HELEN P. OREDSON		16. SOCIAL SECURITY NO. 		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) SALES PERSON		19. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO		21. RACE (Specify) WHITE	
22. RESIDENCE—NUMBER AND STREET 9901 272nd Pl. N.W.		23. CITY/TOWN, OR LOCATION STANWOOD		24. INSIDE CITY LIMITS? (Yes / No) YES		25. COUNTY SNOHOMISH	
26. FATHER'S NAME—FIRST, MIDDLE, LAST GEORGE THOMAS OVENELL		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME MARTHA		28. LENGTH OF RES. IN CO. 87 YRS		29. STATE WASH	
30. INFORMANT—NAME HELEN P. OVENELL		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2221 EAST PARKWAY DR. MOUNT VERNON, WASHINGTON 98273		32. BURIAL CREMATION REMOVAL, OTHER (Specify) BURIAL		33. DATE (Mo. Day, Yr) AUG 21, 1999	
34. CEMETERY/CREMATORY—NAME ANDERSON CEMETERY		35. LOCATION—CITY/TOWN, STATE STANWOOD, WASHINGTON		36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY GILBERTSON FUNERAL HOME	
38. ADDRESS OF FACILITY STANWOOD, WASHINGTON 98292		39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> DR. PATRICK CLARK M.D.					
40. DATE SIGNED (Mo., Day, Yr) 8-18-99		41. HOUR OF DEATH (24 Hrs.) 19:45		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DR. PATRICK CLARK M.D. 9631 269th St. STANWOOD, WASHINGTON 98292		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> DR. PATRICK CLARK M.D.	
44. DATE SIGNED (Mo., Day, Yr) 8-18-99		45. HOUR OF DEATH (24 Hrs.) 19:45		46. PRONOUNCED DEAD (Mo., Day, Yr) 		47. HOUR PRONOUNCED DEAD (24 Hrs.) 	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) DR. PATRICK CLARK M.D. 9631 269th St. STANWOOD, WASHINGTON 98292		49. MECONERONER FILE NUMBER 		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>Multifactorial Disturbance</i> DUE TO, OR AS A CONSEQUENCE OF: B. <i>ASVD</i> DUE TO, OR AS A CONSEQUENCE OF: C. <i></i> DUE TO, OR AS A CONSEQUENCE OF: D. <i></i> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <i>Years</i> INTERVAL BETWEEN ONSET AND DEATH <i>Years</i> INTERVAL BETWEEN ONSET AND DEATH <i></i> INTERVAL BETWEEN ONSET AND DEATH <i></i>		51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <i>Menieres Disease 2° industrial exposure</i>	
52. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 		53. INJURY DATE (Mo. Day, Yr) 		54. HOUR OF INJURY (24 Hrs) 		55. DESCRIBE HOW INJURY OCCURRED: 	
56. INJURY AT WORK? (Yes / No) 		57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) 		58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE 		59. DATE RECEIVED (Mo. Day, Yr.) 8-19-99	
60. RECORD AMENDMENT (Registrar use only) DOCUMENTARY EVIDENCE 		61. REVIEWED BY 		62. REGISTRAR'S SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo. Day, Yr.) 8-19-99	

HEALTH STATISTICS & ASSESSMENT
3020 RUCKER AVE.
EVERETT, WA 98201-3900

CERTIFICATION ON BACK

DOH-01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

AFFIDAVIT FOR CORRECTION

201809200111

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
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ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DOH 110-007 (Rev. 3/99)

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

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname 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 110-001)

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 attending physician or the coroner/medical examiner.

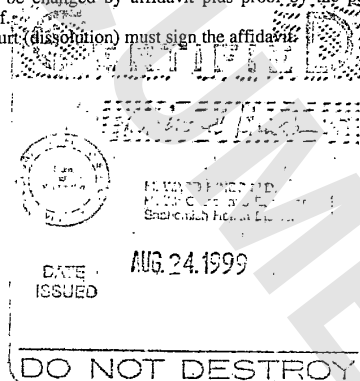
Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



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