



**Return Address:**

Christine Meldrum  
P.O. Box 827  
Marblemount, wa. 98267

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20181018  
OCT 18 2018

**Document Title:**

Death Certificate

Amount Paid \$ 0  
By MM Skagit Co. Treasurer Deputy

**Reference Number** (if applicable): \_\_\_\_\_

**Grantor(s):**

☐ additional grantor names on page \_\_\_\_

- 1) State of Washington
- 2) \_\_\_\_\_

**Grantee(s):**

☐ additional grantor names on page \_\_\_\_

- 1) David B. Bilberg
- 2) Verene K. Bilberg

**Abbreviated Legal Description:**

☐ full legal on page(s) \_\_\_\_

Tract A short plat No. 7-78

**Assessor Parcel /Tax ID Number:**

☐ additional parcel numbers on page \_\_\_\_

P45816

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

of 5

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-040813

DATE ISSUED: 09/20/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID BLAINE  
LAST NAME(S): BILBERY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 12, 2018  
HOUR OF DEATH: 06:00 PM  
SEX: MALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: TRUCK DRIVER  
INDUSTRY: TRANSPORTATION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: CHRISTINA L MELDRUM  
RELATIONSHIP: DAUGHTER  
ADDRESS: P. O. BOX 827, MARBLEMOUNT, WA 98267

CAUSE OF DEATH:  
A: ENCEPHALOPATHY, LIKELY MIXED METABOLIC  
INTERVAL: MONTHS  
B: CHRONIC LIVER FAILURE OF UNKNOWN ETIOLOGY  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PERFORATED DUODENAL  
ULCER WITH ANEMIA, ACUTE RENAL FAILURE

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: OTHER PERSON'S RESIDENCE  
FACILITY OR ADDRESS: 5862 HONEYSUCKLE LANE  
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

RESIDENCE STREET: 60625 STATE ROUTE 20  
CITY, STATE, ZIP: MARBLEMOUNT, WA 98267  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: WILLIAM JACK BILBERY  
MOTHER/PARENT: MARGARET MARTHA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FOREST PARK CEMETERY

CITY, STATE: CONCRETE, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 22, 2018

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: SEPTEMBER 19, 2018

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: SEPTEMBER 19, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201810180060

Center for Health Statistics  
10/18/2018 02:38 PM Page 3 of 5  
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:
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### 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

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

# \*CERTIFIED\*

SEP 20 2018

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



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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-012445

DATE ISSUED: 03/26/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VERENE KAY  
LAST NAME(S): BILBERY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 17, 2018  
HOUR OF DEATH: 09:30 PM  
SEX: FEMALE AGE: 69 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SHELTON, NE

MARITAL STATUS: MARRIED  
SPOUSE: DAVID BLAINE BILBERY

OCCUPATION: CLERICAL  
INDUSTRY: HOSPITAL  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: DAVID B BILBERY  
RELATIONSHIP: HUSBAND  
ADDRESS: P. O. BOX 46, MARBLEMOUNT, WA 98267

CAUSE OF DEATH:  
A: LUNG CANCER, WIDELY METASTATIC  
INTERVAL: 1 YEAR 5 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: 60625 STATE ROUTE 20  
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

RESIDENCE STREET: 60625 STATE ROUTE 20  
CITY, STATE, ZIP: MARBLEMOUNT, WA 98267  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER/PARENT: VICTOR HARLAND SMITH  
MOTHER/PARENT: EMMA CAROLINE [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FOREST PARK CEMETERY

CITY, STATE: CONCRETE, WASHINGTON  
DISPOSITION DATE: MARCH 24, 2018

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: MARCH 19, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: MARCH 20, 2018

DOH 422-132 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201810180060

Mail to: Center for Health Statistics  
10/18/2018 02:38 PM Page 5 of 5  
Olympia, WA 98504-7814  
360-236-4300

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

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State File Number	Fee Number	Initials	Date	Affidavit Number
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	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:
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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

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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\*

MAR 26 2018

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



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