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201810250059

WHEN RECORDED RETURN TO:

Virginia A. Sanford P.O. Box 1570 LaConner, WA 98257 10/25/2018 03:13 PM Pages: 1 of 3 Fees: \$39.00 Skagit County Auditor

01-169682-OE, 01-169682-OE
DOCUMENT TITLE(S):
Death Certificate
DEFENDING NUMBER (I) OF DOCUMENTS ACCIONED OF THE FACED
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
GRANTOR:
STATE OF WASHINGTON
GRANTEE:
Sanford, Donald P.
ABBREVIATED LEGAL DESCRIPTION:
Unit 403, State Street Townhomes, Condo, 1st Amd
TAX PARCEL NUMBER(S):
P107832

e Number 02 Legal Name (Include	AKA's of any)	First		Middle	rtificate of D	LAST	Stat	Suffix		
Legal Raine (Mate									Death Date	
	Donald		P.			Sanfor	d			1, 2004
Sex (M/F)	4a. Age – Last I	Birthday 4b. Under Months	1 Year Days	4c. Unde	or 1 Day Minutes	Social Se	audt Number	- 6	. County of De	
Male	, , ,	irthplace (City, Tow			Foreign Country)	9. De	edent's Educ	ation	akag.	<u></u>
		Pratt		Kans	as			s Degree		
Was Decedent o	THEPANIC Origin	? (Yes or No) If yes,	specify.	11. D	ecedent's Race(12.	Was Decedent ever
Posldence: Nor	No	(e.g., 624 SE 5 th St.) ((Include Act No.)		Caucas	sian		13b. City or	1 _	med Forces? Ye
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	ncer Lane	a						La Co	nner	
c. Residence: Cou	inty	13d. Tribal Reser	vation Name ((applicable)		reign Country Lngton	1	3f. Zip Code + 98257		3g. Inside City Ll
Skagit Estimated length	of time at reside	nce. 15. Marital :	Status at Time	of Death	16. Surviving Sp		Give name prior			<u> </u>
16 y	ears	Mar	ried		Virgi	nia Fox				
Usual Occupatio	n (Indicate type of	work done during mos	et of working life.	(DO NOT USE	RETIRED), 18. Kin	d of Business/I	ndustry (Do no cation	tuse Company N	ame)	
Teacher/		dministra	LUI		20. Mo			rlage (First, Midd	tle, Lest\	
Clifford			Sanfo		G	гасе				
Informent's Nam	8	22. Rela	tionship to Dec	edent 23	. Mailing Addres	S: Number&Stree	or RFD No.	City or Town	State Zip	
Virginia	Sanford	104	fe	}	403 Spen	cer Lan	La	Conner	WA	98257
Place of Death, W.D.		$\overline{}$	-		-			vhere Other than		
			Mar.			03 Spen		/ Home		
Facility Name (#			-	1.54	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		wn, or Locatio	n of Death 2	ì	27. Zip Code 98257
Method of Dispo	encer Lar	29. Mace ó	M bost	ame of Bine	tery, demetory, oth		Conner,	0. Location-Cit	WA y/Town, and S	
Cremati	.on	₹ Mo		n Grei		,		g Mount	Vernon,	WA
Name and Comp							a fa		2. Date of Dis	position
Kern Fune Funeral Directo		1122	JEG St.	. , Mou	nt Vernor	NA VB	445 4 4		January	5, 2004
Janes ar Directo	. Jignadie A	\sim	12.							
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201810250059

Affidavit for Correction 10/25/2018 03:13PP Nox Prage 3 of 3

		This is a legal Docu				Iter. (360) 236-4300				
State File Number		Fee Number	ATE OFFICE	Initials	Date	Affidavit Number				
Use the section below for requesting any changes on the record.										
Record Type:					larriage	☐ Dissolution				
1. Name on re	cord:			2. Date	of Event:	3. Place of Event: (City or County)				
4. Father's Full	Name (For Birth): (F	Husband for Marriage or I	Dissolution) 5.	Mother's F	full Name (For	Birth): (Wife for Marriage or Dissolution)				
		The Record is	Incorrect or I	ncomplete	as follows:					
6.	The Record n	ow shows:	7.		Th	ne True fact is:				
8.			9.							
10.			11	,						
12.			13	•						
	· 🗖	Self Parent Funeral Director under the laws of the 16. Date:	Guardian Other (Spece State of War	cify) shington tl	rmant nat the forgoin	Telephone Number: g is true and correct.				
certificate must be	e returned within <u>one ye</u> t be established by do mentary proof: Certifi Hospi Insura	d. An item may be change ar of the date it was issued cumentary proof submitted to f Naturalization tal Records ance Records ape/Divorce Records	d to receive a rep ed with the affic Medical	lacement co lavit Record Record (DD-2 cord	py free of charge.	s must be made by court order. The incorrect School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)				
2. The proof name to b 3. Proof mus 4. Up to age - This is a - The new - After age documes 5. Parent(s) 6. This affld	(s) must match exactly e Mary Ann Doe. Mary st be five (or more) year one, the parent(s) or le one time only change. last name may be the e one, last name chang ntary proof. may change their child' avit cannot be used to	A. Doe or M.A. Doe does r s old or have been establis gal guardian may change Subsequent changes will r mother's maiden name or f es require a certified copy	or example, if the not prove the nar shed within five y the child's last nequire a certified ather's name (if pof a court orders completing and second the completing and second the completing and second the court orders are second to the court orders are the completing and second the court orders are the completing and second the court orders are the completing and second the court orders are the court of the court orders are the court of the	e affidavit say ne is Mary Ai ears of birth. ame with an ideopy of a coresent on the diname chairs and affigning an affig	is the name is Ma in Doe. affidavit for correct ourt ordered name e certificate) or an inge. Minor spellin davit for correctio	ry Ann Doe, then the proof must show the tion, provided: e change. hy combination of the two. g changes may be made with an affidavit and in (until their child's 18th birthday).				
Death Certificates:		rooter or everyters/- design	introtoro (if aside			and the same of th				
informatio 2. The medic	n. cal information (cause o	of death) may be changed	only by the certif	ying physicia	n or the coroner/i	s presented) may change the non-medical medical examiner.				
	than sixty days from days on (Divorce) Certificate	<u>-</u>	trie county healt	n departmer	t where the death	occurred to make changes.				
Personal f	act(s) (minor spelling c					affidavit (with proof) by the person. n) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

JAN 06 2004 Skagit County Health Department L 00288747 Howard Leibrand M.D., Health Officer