



**201810250059**

10/25/2018 03:13 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

**WHEN RECORDED RETURN TO:**

Virginia A. Sanford  
P.O. Box 1570  
LaConner, WA 98257

01-169682-OE, 01-169682-OE

**DOCUMENT TITLE(S):**  
Death Certificate

**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, 1<sup>st</sup> Amd

**TAX PARCEL NUMBER(S):**  
P107832

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number <b>02-04</b>		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any)					2. Death Date	
Donald P. Sanford					January 1, 2004	
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		
Male		75		4c. Under 1 Day		
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		
[Redacted]		Pratt		Kansas		
9. Decedent's Education		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		
Masters Degree		No		Caucasian		
12. Was Decedent ever in U.S. Armed Forces? Yes		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)		13b. City or Town		
Yes		403 Spencer Lane		La Conner		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		
Skagit				Washington		
13f. Zip Code + 4		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		98257		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)		
16 years		Married		Virginia Fox		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)			
Teacher/ School Administrator			Education			
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)			
Clifford Sanford			Grace [Redacted]			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip		
Virginia Sanford		Wife		403 Spencer Lane La Conner WA 98257		
24. Place of Death, if Death Occurred in a Hospital: <b>403 Spencer Lane/ Home</b>						
25. Facility Name (if not a facility, give number & street)			26a. City, Town, or Location of Death		26b. State	
403 Spencer Lane			La Conner		WA	
27. Zip Code			98257			
28. Method of Disposition		29. Place of Disposition (Name of Cemetery, Crematory, other place)		30. Location - City/Town, and State		
Cremation		Mount Vernon Crematory		Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility			32. Date of Disposition			
Kern Funeral Home 1122 3rd St., Mount Vernon, WA 98273			January 5, 2004			
33. Funeral Director Signature X [Signature]						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)				Interval between Onset & Death		
a. Acute Myocardial Infarction				Minutes		
Due to (or as a consequence of):				Interval between Onset & Death		
b. Chronic coronary Heart Disease				2 decades		
Due to (or as a consequence of):				Interval between Onset & Death		
c.				Interval between Onset & Death		
Due to (or as a consequence of):				Interval between Onset & Death		
d.				Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Manner of Death				39. If female		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide				<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown						
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						
45. Location of Injury: Number & Street, City or Town, State, Zip Code + 4, Apt No.						
46. Describe how injury occurred						
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
48a. Certifying Physician - To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) and manner stated.			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X John E. Larson MD			X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		
Charles E. Larson, MD, 528 E. Myrtle, La Conner, WA 98257				1245		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY)		
Physician				1-2-04		
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		
Physician		MD 22768		001-04		
56. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
57. Registrar Signature X Dorothy Epps, deputy registrar				58. Date Received (MM/DD/YYYY) JAN - 5 2004		
59. Record Amendment		Reviewed by		Date		



DOHCHS 003 Rev 3/24/2003

DOH01-003 (5/98)



# Affidavit for Correction

201810250059

Center for Health Statistics  
P.O. Box 37000  
Olympia, WA 98507-9709  
(360) 236-4300

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

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## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

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

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- 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 have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name 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/CHS 021)**

### 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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

# \*CERTIFIED\*

JAN 06 2004

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

LL00288747