



**201811090106**

11/09/2018 02:29 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

**WHEN RECORDED RETURN TO:**

Elmer J Barton II  
5561 Old Settler Dr.  
Ferndale, WA 98248

<b>DOCUMENT TITLE(S):</b> Certificate of Death	GUARDIAN NORTHWEST TITLE CO. 116814
<b>REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:</b>	
<b>GRANTOR:</b> Elmer J. Barton II, as his separate estate and as surviving spouse of June A. Barton, deceased	
<b>GRANTEES:</b> Timothy J. Obrien and Covina A. Obrien, a married couple	
<b>ABBREVIATED LEGAL DESCRIPTION:</b> Lot B-35, , Lake Tyee I, according to the Plat thereof filed in Volume 10 of Plats at Page(s) 66, records of Skagit County, Washington.	
<b>TAX PARCEL NUMBER(S):</b> P78503, 4219-002-035-0004	

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-001244

DATE ISSUED: 01/16/2018  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): JUNE ADELLE  
LAST NAME(S): BARTON

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: JANUARY 08, 2018 FOUND  
HOUR OF DEATH: 11:15 AM FOUND  
SEX: FEMALE AGE: 63 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 5561 OLD SETTLER DR.  
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248

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

RESIDENCE STREET: 5561 OLD SETTLER DR.  
CITY, STATE, ZIP: FERNDALE, WA 98248  
INSIDE CITY LIMITS: YES COUNTY: WHATCOM  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SITKA, AK

FATHER/PARENT: JOSEPH A TAYLOR  
MOTHER/PARENT: CLARA ALICE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: ELMER JUNIOR BARTON II

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

OCCUPATION: FOOD SERVICE  
INDUSTRY: PUBLIC EDUCATION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: FERNDALE, WASHINGTON  
DISPOSITION DATE: JANUARY 16, 2018

INFORMANT: ELMER JUNIOR BARTON II  
RELATIONSHIP: SPOUSE  
ADDRESS: 5561 OLD SETTLER DR. FERNDALE, WA 98248

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229  
FUNERAL DIRECTOR: BRIAN L. FLOWERS

CAUSE OF DEATH:  
A: DIABETES MELLITUS II ON INSULIN  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, ANEMIA,  
KIDNEY DISEASE STAGE III, CHRONIC PAIN ON OPIATES

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: DEAN WILLIAMS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 220 UNITY STREET  
CITY, STATE, ZIP: BELLINGHAM, WA 98225  
DATE SIGNED: JANUARY 11, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LEEANN IMPERO  
DATE RECEIVED: JANUARY 12, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201811090106

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
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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**Required information must match current information on record**

**Required**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
Person on Record:  Parent(s)  Funeral Director  Other (specify)

7. Return Mailing Address: P.O. Box or Street Address City State Zip

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<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

*Greg Stern MD*

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



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