

WHEN RECORDED RETURN TO:



**201811270053**

11/27/2018 03:23 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

***Land Title and Escrow***

02-168903-OE, 02-168903-OE ✓

**DOCUMENT TITLE(S):**

Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

STATE OF WASHINGTON

**GRANTEE:**

STANLEY PAUL PATROVSKY

**ABBREVIATED LEGAL DESCRIPTION:**

Ptn RR R-O-W, Sec. 23, T 35 N, R 1 E; Ptn Tracts 1 & 2, Plate 7, Secs 14 & 23, T 35 N, R 1 E; Lots 7 & 8, Blk 201, N.P. Add. To Anacortes.

**TAX PARCEL NUMBER(S):**

350123-0-002-0405, P31690 and 3809-201-008-0003, P58262

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

of 3

Local File Number <b>337-05</b>		Washington State Certificate of Death		State File Number <b>5 57675</b>	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Stanley Paul PATROVSKY</b>				2. Death Date <b>Apr 12, 2005</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>77</b>	4b. Under 1 Year Months Days <b>77</b>	4c. Under 1 Day Hours Minutes <b>77</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Los Angeles</b>	8b. (State or Foreign Country) <b>California</b>	9. Decedent's Education <b>Land Management Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>2716 Oaks Avenue</b>				13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>Washington</b>		13f. Zip Code + 4 <b>98221</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>18y</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Phyllis Jean Caldwell</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Property Management Manager</b>				18. Kind of Business/Industry (Do not use Company Name) <b>U. S. Government</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Philip I. Patrovsky</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Faye (unk) (unk)</b>	
21. Informant's Name <b>Phyllis Patrovsky</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2716 Oaks Avenue Anacortes WA 98221</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Emergency Room</b>					
25. Facility Name (If not a facility, give number & street or location) <b>Skagit Valley Hospital</b>					
26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>	27. Zip Code <b>98274</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-</b>					32. Date of Disposition <b>April 16, 2005</b>
33. Funeral Director Signature X <i>Joseph W. Wabman</i>					
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. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Cardiac Arrhythmia</b> Interval between Onset & Death <b>30 minutes</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Coronary Artery Disease</b> Interval between Onset & Death <b>15 years</b>					
c. Due to (or as a consequence of): Interval between Onset & Death					
d. Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Kidney Failure, Hypertension</b>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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 Apt No City or Town: County: State Zip Code + 4:					
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 (to best of my knowledge, death occurred at the time, date, and place stated, and due to the cause(s) and manner stated.) X <i>Larry E. Moss</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Larry E. Moss, MD 410 Birchwood Avenue, Suite 200, Bellingham, WA 98225</b>				50. Hour of Death (24hrs) <b>12:00 PM</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>April 14, 2005</b>	
53. Title of Certifier <b>M.D.</b>	54. License Number <b>MD00030400</b>	55. ME/Coroner File Number <b>NJA # 097</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>Dorothy Epps, deputy</i>				58. Date Received (mm/dd/yyyy) <b>April 15, 2005</b>	
59. Amendments					

DOH/CHS 003 Rev 2/06/2004

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201811270053

Mail to: Center for Health Statistics  
11/27/2018 03:23 PM Page 3 of 3  
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**

<b>Required</b>	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):
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Printed name:	Date:	Printed name:	Date:
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**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

**ISSUED****NOV 05 2018**

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 Christie Spice, State Registrar.

*Christie Spice*

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



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