

RETURN TO:

Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284



201812100128

12/10/2018 04:26 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

DOCUMENT TITLE(S) (or transactions contained herein):

Certificate of Death of Muriel Minnie Young

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Revocable Transfer on Death Deed, Skagit County AF # 201507230069
Certificate of Death, Charles A. Young, Skagit County AF # 201604220130

GRANTOR(S) (Last name, first name and initials):

1. Young, Muriel M.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20185385
DEC 10 2018

GRANTEE(S) (Last name, first name and initials):

1. Public
2. Davie, Nancy Joy.

Amount Paid \$
Skagit Co. Treasurer
By *nam* Deputy

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

BRICKYARD MEADOWS DIV II, LOT 4

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Tax Parcel No. P122402 / 4849-000-004-0000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-046725

DATE ISSUED: 10/29/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MURIEL MINNIE
LAST NAME(S): YOUNG

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 25, 2018
HOUR OF DEATH: 09:27 PM
SEX: FEMALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOLSON, WA

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: LINDA KAY LINDHOLM
RELATIONSHIP: DAUGHTER
ADDRESS: 415 EAST PARK DRIVE, ANACORTES, WA 98221

CAUSE OF DEATH:
A: ANOREXIA
INTERVAL: 6 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: 9704 SIMPSON ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 9704 SIMPSON ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 70 YEARS

FATHER/PARENT: NORMAN LOUIS FINSEN
MOTHER/PARENT: MABEL IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 29, 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: UNKNOWN
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: SETH COWAN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 916 SOUTH 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WA 98273
DATE SIGNED: OCTOBER 26, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: OCTOBER 29, 2018

DOH 422-132 (4/15)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201812100128

Center for Health Statistics
12/10/2018 04:26 PM Page 1 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	Required information must match current information on record			
	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:

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 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to 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

OCT 29 2018

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



0 2 0 2 1 9 9 3

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