



201903260025

03/26/2019 10:53 AM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

**When Recorded-Return To:**

Skagit Law Group, PLLC  
P. O. Box 336  
Mount Vernon, WA 98273

**DOCUMENT TITLE(s):** *(or transactions contained therein)*

**DEATH CERTIFICATE**

**GRANTOR(s):** *(last name, first name and initials)*

PARMETER, STANLEY L.

☐ *Additional names on page \_\_\_\_\_ of document*

**GRANTEE(s):** *(Last name, first name and initials)*

**THE PUBLIC**

☐ *Additional names on page \_\_\_\_\_ of document*

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

Lot 53 Blackburn Ridge Ph2

☐ *Additional legal on page \_\_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:** P117408

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

☐ *Additional reference numbers on page \_\_\_\_\_ of document*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019 1069

MAR 26 2019

Amount Paid \$6  
Skagit Co. Treasurer  
By *mlm* Deputy

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-008157

DATE ISSUED: 02/25/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STANLEY LEONARD

LAST NAME(S): PARMETER

COUNTY OF DEATH: KING

DATE OF DEATH: FEBRUARY 19, 2019

HOUR OF DEATH: 09:39 AM

SEX: MALE AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: VALLEJO, CA

MARITAL STATUS: MARRIED

SPOUSE: IVALEE JONES

OCCUPATION: SALESMAN

INDUSTRY: RETAIL SALES

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: IVALEE PARMETER

RELATIONSHIP: WIFE

ADDRESS: 2101 RILEY RD MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: MINUTES

B: SPONTANEOUS SUBDURAL HEMATOMA

INTERVAL: DAYS

C: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION ON ANTICOAGULATION, CORONARY ARTERY DISEASE STATUS POST STENTING, DIABETES MELLITUS

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: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 2101 RILEY RD

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: STANLEY ELWOOD PARMETER

MOTHER/PARENT: MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 22, 2019

FUNERAL FACILITY: GILBERTSON FUNERAL HOME

ADDRESS: 27001 88TH AVE NW/PO BOX 1569

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: DAVID BRANDT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: ABHIJIT

TITLE: PHYSICIAN

CERTIFIER ADDRESS: HMC 325 9TH AVE

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: FEBRUARY 20, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: KCME-19-430

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: FEBRUARY 22, 2019



## Affidavit for Correction

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

 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

## STATE OFFICE USE ONLY

|                   |            |          |      |                  |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

## Required information must match current information on record

|          |  |  |   |                    |
|----------|--|--|---|--------------------|
| Required | 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital<br>Person on Record: <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 2 <sup>nd</sup> parent (if required): |
| Printed name:   | Printed name:   |
| Date:           | 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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- 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.
- 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\*

FEB 25 2019

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


0 2 1 3 6 6 7 1

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