



201904150109

04/15/2019 02:22 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 15 2019

Amount Paid \$
By Skagit Co. Treasurer
Deputy

Document Title:

DEATH CERTIFICATE

Reference Number (if applicable): 201706160082

Grantor(s):

☐ additional grantor names on page ____.

1) STATE OF WASHINGTON

2) _____

Grantee(s):

☐ additional grantor names on page ____.

1) DORIS Jo OZRETICH

2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____.

SE OF SW OF SW 13-34-3

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____.

P21835

P21837

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-016403

DATE ISSUED: 04/12/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DORIS JO

LAST NAME(S): OZRETICH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 06, 2019

HOUR OF DEATH: 07:05 PM

SEX: FEMALE AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DELANO, CA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: SALES ASSOCIATE

INDUSTRY: RETAIL SALES

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: DANIELLE STOKES

RELATIONSHIP: GRANDDAUGHTER

ADDRESS: 17165 DUNBAR RD MOUNT VERNON WA 98273

CAUSE OF DEATH:

A: CHRONIC RESPIRATORY FAILURE, HYPOXIC AND HYPERCAPNIC

INTERVAL: YEARS

B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

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: 17165 DUNBAR RD

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 17165 DUNBAR RD

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 57 YEARS

FATHER/PARENT: PORTER RAY

MOTHER/PARENT: ETHEL MARGARITE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 15, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 11, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 11, 2019



Affidavit for Correction

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
-------------------	------------	----------	------	------------------

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

APR 12 2019

Skagit County Health Department
Howard Lebrand M.D., Health OfficerCertificate not valid unless the Seal of the State of
Washington changes color when heat applied.

0 2 1 3 8 4 2 7