



201905230035

05/23/2019 11:34 AM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:
STEVEN D NEITZEL
1911 36TH STREET
ANACORTES, WA 98221

**ACCOMMODATION
RECORDING ONLY**

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

m21953

GRANTEE:
NINA LEIGH NEITZEL

ABBREVIATED LEGAL DESCRIPTION:
LOT 44, HORIZON HEIGHTS DIV IV.

TAX PARCEL NUMBER(S):
4676-000-044-0000, P108736

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-023211

DATE ISSUED: 06/12/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): NINA LEIGH
LAST NAME(S): NEITZEL

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 17, 2018
HOUR OF DEATH: 11:35 AM
SEX: FEMALE AGE: 54 YEARS
SOCIAL SECURITY NUMBER: 537-66-4507

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

BIRTH DATE: DECEMBER 27, 1963
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SPOUSE: STEVEN DOUGLAS NEITZEL

OCCUPATION: CONSULTANT
INDUSTRY: SCRAP BOOKING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: STEVE NEITZEL
RELATIONSHIP: HUSBAND
ADDRESS: 1911-36TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:
A: HEPATORENAL SYNDROME
INTERVAL: DAYS
B: CIRRHOSIS
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES MELLITUS, TYPE 2;
STAPHYLOCOCCUS EPIDERMIDIS BACTEREMIA; ACUTE BRONCHOPNEUMONIA

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: 1911-36TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: KENNETH KEITH
MOTHER/PARENT: MARGARET SKINNER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 26, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: NATURAL
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: ROBERT RICCIOTTI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE, WA 98195
DATE SIGNED: MAY 24, 2018

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: MAY 24, 2018



Affidavit for Correction

Mail to: 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.

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: 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) First Middle Last Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Maiden		
	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: 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 nd parent (if required):		
Printed name:				Date:		Printed name:
Date:				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:						
<ul style="list-style-type: none"> 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						
<ul style="list-style-type: none"> 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)						
<ul style="list-style-type: none"> 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

JUN 12 2018

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



0 1 8 0 5 7 5 9



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