

When Recorded Please Return To:
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201905280076

05/28/2019 12:51 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON DEPARTMENT OF HEALTH

GRANTEE: PUBLIC- RUSSELL RAYMOND ROBERTS- ESTATE OF

LEGAL DESCRIPTION:

Lot 126, Survey of Shelter Bay Division No. 2, as recorded on June 27th
1969 in official records of Skagit County, Washington under Auditor's
File No. 728258.

ASSESSOR PARCEL NO: 5100-002-1260000 !P128995

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-039056

DATE ISSUED: 09/19/2018
FEE NUMBER: 55333

FIRST AND MIDDLE NAME(S): RUSSELL RAYMOND
LAST NAME(S): ROBERTS

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 05, 2018
HOUR OF DEATH: 01:21 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: 538-36-1046

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

BIRTH DATE: JULY 08, 1940
BIRTHPLACE: HOT SPRINGS, SD

MARITAL STATUS: MARRIED
SPOUSE: MARGARET VOGLER

OCCUPATION: OWNER
INDUSTRY: ELECTRICAL CONTROLS MANUF.
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: MARGARET ROBERTS
RELATIONSHIP: SPOUSE
ADDRESS: 126 LUMMI CIRCLE, LA CONNER, WA 98257

CAUSE OF DEATH:
A: MULTIPLE ORGAN FAILURE
INTERVAL: 4 DAYS
B: DIFFUSE B CELL LYMPHOMA
INTERVAL: 9 WEEKS
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PROVIDENCE MARIANWOOD
CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98027

RESIDENCE STREET: 126 LUMMI CIRCLE
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: HAROLD ROBERTS
MOTHER/PARENT: BLANCHE HODGESON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FLINTOFT'S ISSAQUAH CREMATORY

CITY, STATE: ISSAQUAH, WASHINGTON
DISPOSITION DATE: SEPTEMBER 07, 2018

FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY

ADDRESS: 540 E SUNSET WAY
CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98027
FUNERAL DIRECTOR: TED A. WOLKENHAUER

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: JUDE MONTE, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 800 FIFTH AVENUE, SUITE 800
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: SEPTEMBER 07, 2018

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: SEPTEMBER 07, 2018



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: 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:
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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 foregoing is true and correct

16a. Signature: Printed name: Date:	16b. Signature of 2 nd parent (if required): Printed name: Date:
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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)

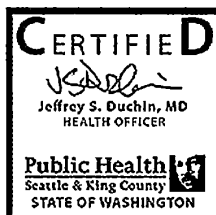
Death Certificates

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



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



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