



201906040096

06/04/2019 03:59 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Louise M. Weathers
22483 SE 38th Ter.
Issaquah, WA 98029

Land Title

01-172144-OE, 01-172144-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Weathers, Keith Orville

ABBREVIATED LEGAL DESCRIPTION:
Lot 264, Shelter Bay Div. 2

TAX PARCEL NUMBER(S):
5100-002-264-000/P6509

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 3271		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Keith Orville Weathers				2. Death Date 3/30/2007	
3. Sex (M/F) Male	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death King
7. Birth Date [REDACTED]	8a. Birthplace (City, Town, or County) Nampa	8b. (State or Foreign Country) Idaho	9. Decedent's Education Some College		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. no			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1005 NE Boat Street				13b. City or Town Seattle	
13c. Residence: County King	13d. Tribal Reservation Name (if applicable) n/a	13e. State or Foreign Country Washington		13f. Zip Code + 4 98105	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 7 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Louise May [REDACTED]	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Commercial Graphic Design			18. Kind of Business/Industry (Do not use Company Name) Commercial Art		
19. Father's Name (First, Middle, Last, Suffix) Forrest Weathers			20. Mother's Name Before First Marriage (First, Middle, Last) Anita Inglett		
21. Informant's Name Louise M. Weathers		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1005 NE Boat Street Seattle, WA 98105		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (If not a facility, give number & street or location) Providence Marionwood, 3725 Providence Pt Dr SE			26a. City, Town, or Location of Death Issaquah	26b. State WA	27. Zip Code 98029
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Service		30. Location-City/Town, and State Kent, WA	
31. Name and Complete Address of Funeral Facility Barton Family Funeral Service, 1400 Talbot RD S, Renton, WA 98055					32. Date of Disposition 4/4/2007
33. Funeral Director Signature X 					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. metastatic Carcinoma Due to (or as a consequence of): Interval between Onset & Death Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): Interval between Onset & Death c. _____ Due to (or as a consequence of): Interval between Onset & Death d. _____ Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: _____ Apt. No. _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - On this basis, I declare that the above information is true and correct to the best of my knowledge and belief. 				48b. Medical Examiner/Coroner - On this basis, I declare that the above information is true and correct to the best of my knowledge and belief. 	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Daniel S. Rasking, 1750 112th Ave NE, Bellevue, WA 98004				50. Hour of Death (24hrs) 2110	
51. Name and Title of Certifier - Physician if other than Certifier (Type)				52. Date Signed (mm/dd/yyyy) 04/02/2007	
53. Title of Certifier M D	54. License Number 00070552	55. Order File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (mm/dd/yyyy) APR 4 2007	
59. Amendments					



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Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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
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Use the section below for requesting any changes on the record.Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

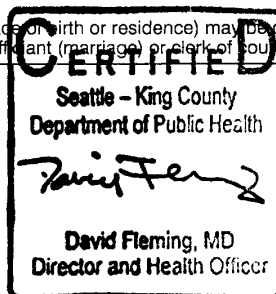
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



APR 04 2007

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