201906100178 06/10/2019 04:00 PM Pages: 1 of 3 Fees: \$39.00 Skagit County Auditor

When Recorded Please Return To: LAWRENCE A. PIRKLE PO Box 1788 Mount Vernon, WA 98273 (360) 336-6587

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON DEPARTMENT OF HEALTH

GRANTEE: PUBLIC: JOSEPH STANLEY BOWER JR. - ESTATE OF

LEGAL DESCRIPTION: SKYLINE NO 4 LOT 86

ASSESSOR PARCEL NO: 3820-000-086-0009 P 59304

201906100178

STATE OF WASHINGTON DIPARMINING OF HEALTH

File Number 49(
1. Legal Name (Inclu	de AKA's il any) · Firs	Middle .	* * , U	AST:	/ Suffix	2. Death	Date		
Jos		Stanley		ER '	Jr.	Jun	23, 2005		
3. Sex (M/F)		Birthday 4b, Under 1		4c. Under 1		Social Security I		6. County	of Death
7. Birthdate	75	Birthplace (City, Town,	71	Hours (State or Forei	Minutes	0.0		Skagi	.t
	No	rristown	ם	ennsylva		9. Decedent	s Education Aster Degri		
10. Was Decedent of	of Hispanic Origi	n? (Yes or No) If yes, sp	ecify.	11. Deced	dent's Race(s)		racer pedi	BB	12. Was Decedent ever in
	mber and Street	(e.g., 624 SE 5 th St.) (In	iclude Act No.	Wh	ite				Armed Forces? Yes
4608 Kin	gsway Pla	Ce	icidue Apr. No.)					or Town	
3c. Residence: Co Skagit	unty	13d. Tribal Reserva	ation Name (if ap			Country	13f. Zip Coo		13g. Inside City Lim
	of time at resid	ence. 15. Marital St.	ative at Time of F		ashington	G 07 - 1-1	98221		No □
13y		Marri	eđ	1	Surviving Spouse Phyllis A	Do Muser	: <u> </u>		
7. Usual Occupation	on (Indicate type of	work done during most	of working life. (DO	NOT USE RETI	RED). 18. Kind of B	usiness/Industry	(Do not use Compa	ny Name)	
9. Father's Name (ecutive Of	ticer			Schoo	l Multi-me	dia Publis	shing	
Joesph Sta	nley Bowe	r Sr.			20. Mother's Pearl	Name Before Fir	st Marriage (First,	Middle, Last)	
1. Informant's Nam	e	22, Relatio	nship to Decede		ling Address: Nu	mber and Street or RFI	D No. City or Tox	wn State	Zip
Phyllis A.		Wife		4608	Kingsway	Place	Anacort	es	WA 98221
4. Place of Death, if D	eath Occurred in a	Hospital:			Place of Death		Somewhere Other t	han a Hospital:	
5. Facility Name (if	not a facility, give n	number & street or location	on)		26a.		ocation of Death	26b, State	27. Zip Code
4608 Kings					1	nacortes	or Dodg.	WA	98221
B. Method of Dispo Cremation	sition	29. Place of F	inal Disposition	(Name of ceme	etery, crematory, oth	er place)		-City/Town, ar	nd State
. Name and Comp	lete Address of	Funeral Facility	est Cremat				Anacort	es, Wash	
Skagit Crem	ation Ser	vices, LLC,	PO Box 24:	11, Mou	nt Vernon,	WA 98273		32. Date of Jun 29	•
B. Funeral Director	r Signature X		lound)		10011 213	,2005
			Voucescy	- I U					
4. Enter the chain of entricular fibrillation MMEDIATE CAUSE ondition resulting in	(Final disease of	the ellology. DO N	Cause plications – that DT ABBREVIAT	of Death (See directly caus E. Add addii	e Instructions and e sed the death. Do tional lines if nece	O NOT enter tern essary.		well	est, respiratory arrest, conterval between Onset & D
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DOH/CHS 003 Rev 2/06/2004

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Affidavit for Correction This is a legal Document. Complete in ink and do not alter.

06/10/2019 04:00 PM Page 3 of 3
Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

	STA	TE OFFICE U	SE ONLY									
State File Number	Fee Number		Initials	Date		Affidavit Number						
Use the section below for requesting any changes on the record.												
Record Type: Birth	☐ Deat	h		arriage		Dissolution						
1. Name on record:			2. Date o	of Event:	3. Place	of Event: (City or County)						
4. Father's Full Name (For Birth): (·	irth): (Wife fo	or Marriage or Dissolution)						
The Record is Incorrect or Incomplete as follows:												
6.	now shows:	7.		The	True fact is	:						
8.		9.			_							
10.		11.										
12.		13.		-								
14. I represent the person as:	Funeral Director	Guardian Other (Spec	☐ Infor		Telephone							
I declare under penalty of perjur			hington th	at the forgoing	is true an	d correct.						
15. Signature:	16. Date:	17. Address:										
All vital records are registered as receiv certificate must be returned within one y	ed. An item may be change ear of the date it was issued	d by affidavit onl to receive a repla	y once. Subs	sequent changes :	must be mad	le by court order. The incorrect						
Insui	ocumentary proof submitte fficate of Naturalization oital Records rance Records iage/Divorce Records	Medical F	Record ecord (DD-2	14)	effective dat	stration Card (if it bears an						
Birth Certificates:												
Only a parent, legal guardian (if 2. The proof(s) must match exactly name to be Mary Ann Doe. Mary Proof must be five (or more) yea. Up to age one, the parent(s) or This is a one time only change The new last name may be the After age one, last name change documentary proof.	y the asserted true fact(s). For y A. Doe or M.A. Doe does n ars old or have been establis legal guardian may change subsequent changes will re mother's maiden name or fa	or example, if the ot prove the nam hed within five ye the child's last na equire a certified ather's name (if p	affidavit says e is Mary An ars of birth. me with an a copy of a co resent on the	the name is Mary n Doe. ffidavit for correcti urt ordered name certificate) or any	on, provided change.	en the proof must show the : n of the two.						
5. Parent(s) may change their child6. This affidavit cannot be used t	d's first or middle name by co to add a father to a birth ce	ompleting and sig	ning an affic e paternity a	lavit for correction affidavit - form DC	(until their ch	nild's 18th birthday).)						
Death Certificates:												
Only the informant, the funeral c information. The medical information (cause												
 The medical information (cause If it is less than sixty days from c 	date of death please contact	the county health	department	where the death of	occurred to n	nake changes.						
Marriage/Dissolution (Divorce) Certificate		4										
 Personal fact(s) (minor spelling To change the date or place of r 	cnanges in name, date or pl marriage or dissolution, the d	ace of birth or res officiant (marriage	idence) may) or clerk of	be changed by a court (dissolution)	ttidavit (with p must sign th	proof) by the person. e affidavit.						

2. DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUN 29 2005

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

MM00420090