



201906140101

08/14/2019 03:37 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Jeanne L. Snow
4923 139th Place
Marysville, WA 98271

Land Title and Escrow

01-172337-OE, 01-172337-OE ✓

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
SNOW, GLENN HOWARD

ABBREVIATED LEGAL DESCRIPTION:
LOT C-55, LAKE TYEE DIV. NO. II.

TAX PARCEL NUMBER(S):
P79013

STATE OF WASHINGTON DEPARTMENT OF HEALTH



File Number: 1209 Washington State Certificate of Death State File Number: _____

1. Legal Name (include AKA's if any) First Middle LAST Suffix: Glenn Howard Snow 2. Death Date: 4-3-2013

3. Sex (M/F): M 4a. Age Last Birthday: 92 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number: [REDACTED] 6. County of Death: Snohomish

7. Birthdate: [REDACTED] 8a. Birthplace (City, Town, or County): Los Angeles 8b. (State or Foreign Country): CA 9. Decedent's Education: Some College- no degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s): White 12. Was Decedent over in U.S. Armed Forces? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 7424 72nd Dr. NE 13b. City or Town: Marysville

13c. Residence: County: Snohomish 13d. Tribal Reservation Name (if applicable): 13e. State or Foreign Country: WA 13f. Zip Code + 4: 98270 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 6 years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Jeanne Louise Mullin

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Shift Foreman 18. Kind of Business/Industry (Do not use Company Name): Pulp Mill

19. Father's Name (First, Middle, Last, Suffix): Don Juan Snow 20. Mother's Name Before First Marriage (First, Middle, Last): Fern

21. Informant's Name: Jeanne Louise Snow 22. Relationship to Decedent: Spouse 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 7424 72nd Dr. NE Marysville WA 98270

24. Place of Death, if Death Occurred in a Hospital: Nursing Home Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location): Cascade Valley Senior Living 26a. City, Town, or Location of Death: Arlington 26b. State: WA 27. Zip Code: 98223

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Seattle Service Group Crematory 30. Location-City/Town, and State: Seattle WA

31. Name and Complete Address of Funeral Facility: Neptune Society 19324 40th Ave W Lynnwood WA 98036 32. Date of Disposition: 4-4-2013

33. Funeral Director Signature X: Edward Sudderth

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. Alzheimer's Dementia Interval between Onset & Death: 4 years

Due to (or as a consequence of): b. Congestive Heart Failure Interval between Onset & Death: 4 years

Sequitally 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 c. Due to (or as a consequence of): Interval between Onset & Death:

d. Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes No Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X Cherita J. Raines 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Cherita J. Raines 4420-76th Street NE Marysville, WA 98270 50. Hour of Death (24hrs): 1720

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) 52. Date Signed (mm/dd/yyyy): 04/04/2013

53. Title of Certifier: Family Physician 54. License Number: MDC60171793 55. ME/Coroner File Number: NJA# 13SN1315 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: Gary [Signature] MD, MPH 58. Date Received (mm/dd/yyyy): APR 04 2013

59. Amendments:



Affidavit for Correction

06/14/2019 03:37 PM Page 2 of 3
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 information must match current information on record

Record Type: Birth, Death, Marriage, 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 Birth 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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)
7. Return Mailing Address: PO 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:

8. The record now shows: 9. The true fact is:
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
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.
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

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). 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 January 2015



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



JUN 13 2019



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