



201906260024

06/26/2019 09:15 AM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

Return Address:

\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019 2560

JUN 25 2019

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HTB Deputy

Document Title:

Death Certificate

Reference Number (if applicable):

200808150178

Grantor(s):

additional grantor names on page \_\_\_\_

1) Pat H Mondhan

2) \_\_\_\_\_

Grantee(s):

additional grantor names on page \_\_\_\_

1) James M Baldwin

2) Carol P Baldwin

Abbreviated Legal Description:

full legal on page(s) \_\_\_\_

Lot 66 Broadview Addition to the City of  
Anacortes AS per plat recorded in Vol. 7 of  
Plats page 22 records of SKAGIT Co WA

Assessor Parcel /Tax ID Number:

additional parcel numbers on page \_\_\_\_

P# 56981

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-038076

DATE ISSUED: 08/31/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAT H  
LAST NAME(S): MONDHAN

AKA: PATRICK HUGH MONDHAN

AKA:

AKA:

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: AUGUST 28, 2018

FACILITY OR ADDRESS: ISLAND HOSPITAL

HOUR OF DEATH: 02:50 PM

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SEX: MALE

AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1219 - 38TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 63 YEARS

BIRTH DATE: [REDACTED]

BIRTHPLACE: ANACORTES, WA

FATHER/PARENT: ASHLEY CHARLES MONDHAN

MOTHER/PARENT: LEONA ADDIE [REDACTED]

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: OPERATOR

INDUSTRY: PLYWOOD MILL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 31, 2018

INFORMANT: CAROL BALDWIN

RELATIONSHIP: DAUGHTER

ADDRESS: 1219 - 38TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

CAUSE OF DEATH:

A: CARDIOPULMONARY ARREST

INTERVAL: MINUTES

B: ACUTE PULMONARY EDEMA

INTERVAL: DAYS

C: CONGESTIVE HEART FAILURE

INTERVAL: DAYS

D: CORONARY ARTERY DISEASE

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

TO BE USED ONLY IN CONNECTION  
WITH A CLAIM PENDING BEFORE  
THE VETERAN'S ADMINISTRATION

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: MORGAN F. MERRILL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2511 M AVE STE B

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: AUGUST 31, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA 18SK0268

ATTENDING PHYSICIAN: MORGAN MERRILL, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 31, 2018



### Affidavit for Correction

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

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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<b>Required</b>	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:		2. Date of Event:		3. Place of Event:
	4. Father/Parent Full Legal 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: <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:

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<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

# \*CERTIFIED\*

AUG 31 2018

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



0 2 0 2 0 1 2 5

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