



**201906260085**

06/26/2019 03:49 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

WHEN RECORDED RETURN TO:

**Land Title and Escrow**

02-172487-OE, 02-172487-OE ✓

<p><b>DOCUMENT TITLE(S):</b> Death Certificate</p> <p><b>REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:</b></p> <p><b>GRANTOR:</b> STATE OF WASHINGTON</p> <p><b>GRANTEE:</b> JAMES MEREDITH NICHOLAS WHELAN JR</p> <p><b>ABBREVIATED LEGAL DESCRIPTION:</b> Lot 10, Garden Meadow</p> <p><b>TAX PARCEL NUMBER(S):</b> 4443-000-010-0005, P82524</p>
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STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 4305 Washington State Certificate of Death State File Number 5 44154

Part 1 completed by Funeral Director. Fields include: 1. Legal Name (JAMES MEREDITH NICHOLAS WHELAN JR.), 2. Death Date (Jan 15, 2005), 3. Sex (Male), 4a. Age (77), 4b. Under 1 Year (Months/Days), 4c. Under 1 Day (Hours/Minutes), 5. Social Security Number, 6. County of Death (Skagit), 7. Birthdate, 8a. Birthplace (Bellingham), 8b. State (Washington), 9. Decedent's Education (G.E.D.), 10. Was Decedent of Hispanic Origin? (No), 11. Decedent's Race(s) (Caucasian), 12. Was Decedent ever in U.S. Armed Forces? (Yes), 13a. Residence (22943 Cheryl Dr.), 13b. City or Town (Sedro-Woolley), 13c. County (Skagit), 13d. Tribal Reservation Name, 13e. State or Foreign Country (Washington), 13f. Zip Code + 4 (98284), 13g. Inside City Limits? (No), 14. Estimated length of time at residence (20 Years), 15. Marital Status at Time of Death (Married), 16. Surviving Spouse's Name (June Jensen), 17. Usual Occupation (Fire Fighter), 18. Kind of Business/Industry (Fire Fighting), 19. Father's Name (James Whelan Sr.), 20. Mother's Name (Lousia), 21. Informant's Name (June Whelan), 22. Relationship to Decedent (Wife), 23. Mailing Address (22943 Cheryl Dr. Sedro-Woolley WA 98284), 24. Place of Death (Inpatient), 25. Facility Name (Skagit Valley Hospital), 26a. City, Town, or Location of Death (Mount Vernon), 26b. State (WA), 27. Zip Code (98284), 28. Method of Disposition (Burial), 29. Place of Final Disposition (Bow Cemetery), 30. Location-City/Town, and State (Bow Washington), 31. Name and Complete Address of Funeral Facility (Lemley Chapel 1008 Third St. Sedro-Woolley, WA 98284), 32. Date of Disposition (Jan 19, 2005), 33. Funeral Director Signature (E. J. ...)

Part 2 completed by Certifier. Fields include: 34. Cause of Death (Metastatic Lung Cancer), 35. Other significant conditions contributing to death (Atrial Atrial fibrillation), 36. Autopsy? (No), 37. Were autopsy findings available to complete the Cause of Death? (No), 38. Manner of Death (Natural), 39. If female (Not pregnant), 40. Did tobacco use contribute to death? (Probably), 41. Date of Injury, 42. Hour of Injury, 43. Place of Injury, 44. Injury at Work? (No), 45. Location of Injury, 46. Describe how injury occurred, 47. If transportation injury, specify (Passenger), 48a. Certifying Physician (Geoffrey Spielmann M.D.), 48b. Medical Examiner/Coroner, 49. Name and Address of Certifier (2061 Hospital Dr. Sedro-Woolley WA 98284), 50. Hour of Death (1720 hrs), 51. Name and Title of Attending Physician, 52. Date Signed (01-19-2005), 53. Title of Certifier (Physician), 54. License Number, 55. ME/Coroner File Number, 56. Was case referred to ME/Coroner? (No), 57. Registrar Signature (Dorothy Epps, deputy), 58. Date Received (JANUARY 19, 2005), 59. Amendments

DOH/CHS 003 Rev 2/05/2004

DOH 422-151 (8/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

Mail to: Center for Health Statistics
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:

Table with 2 columns: The record now shows: (8, 10, 12, 14) and The true fact is: (9, 11, 13, 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

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 using this form, 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). 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

APR 19 2019



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