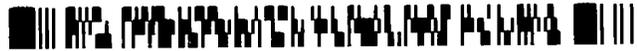


WHEN RECORDED RETURN TO:

Bruce D. Lallemand  
10729 Scenic Drive NW  
Tulalip, WA 98271



**201908190112**

08/19/2019 03:32 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

*Land Title and Escrow*

01-168180-OE, 01-168180-OE ✓

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
STATE OF WASHINGTON

**GRANTEE:**  
Lallemand, Donald Louis

**ABBREVIATED LEGAL DESCRIPTION:**  
Ptn Gov. Lot 4, Sec. 25, Twn 35 N, Rg 9 E W.M.

**TAX PARCEL NUMBER(S):**  
P44663

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: D3 3185 Washington State Certificate of Death State File Number

1. Legal Name: Donald Louis Lallemand; 2. Death Date: Oct. 23, 2008; 3. Sex: Male; 4a. Age: 80 Yrs.; 5. Social Security Number; 6. County of Death: Snohomish; 7. Birthdate; 8a. Birthplace: Arlington, Washington; 9. Decedent's Education: High School Graduate; 10. Was Decedent of Hispanic Origin? No; 11. Decedent's Race(s): White; 12. Was Decedent ever in U.S. Armed Forces? Yes; 13a. Residence: 6801 Scenic Dr. N.W., Tulalip; 13c. Residence: Snohomish; 13e. State: Washington; 13f. Zip Code: 98271-6330; 14. Estimated length of time at residence: 39 Years; 15. Marital Status: Widowed; 16. Surviving Spouse's Name: Irene Jayne; 17. Usual Occupation: Broker; 18. Kind of Business/Industry: Real Estate; 19. Father's Name: Louis, Martin Lallemand; 20. Mother's Name: Irene Jayne; 21. Informant's Name: Bruce Lallemand; 22. Relationship: Son; 23. Mailing Address: 10729 Scenic Dr. N.W., Tulalip, WA 98271; 24. Place of Death: Decedent's Home; 25. Facility Name: American Memorial Assoc. #69; 26a. City: Tulalip; 26b. State: WA; 27. Zip Code: 98271-6330; 28. Method of Disposition: Cremation; 29. Place of Final Disposition: American Memorial Assoc. #69; 30. Location: Renton, Washington; 31. Name of Facility: American Memorial Fun. Dir. Inc. 3125 Colby Ave. Ste. C Everett, WA 98201; 32. Date of Disposition: Oct. 27, 2008; 33. Funeral Director Signature: [Signature]

Part 1 completed by Funeral Director

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. IMMEDIATE CAUSE: a. Metastatic cancer of unknown primary; Interval between Onset & Death: 10 months; b. [Blank]; c. [Blank]; d. [Blank]; 35. Other significant conditions contributing to death but not resulting in the underlying cause given above; 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? No; 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: Pedestrian; 48a. Certifying Physician: Don B. Andrews MD; 48b. Medical Examiner/Coroner: [Blank]; 49. Name and Address of Certifier: THE EVERETT CLINIC - DON B. ANDREWS MD 98270; 50. Date of Death: 0519; 51. Name and Title of Attending Physician: DON B. ANDREWS MD; 52. Date Signed: 10-27-2008; 53. Title of Certifier: MD; 54. License Number: [Blank]; 55. ME/Coroner File Number: NJA-08SN3257; 56. Was case referred to ME/Coroner? Yes; 57. Registrar Signature: Gary Goldbama MD MPH; 58. Date Received: OCT 27 2008; 59. Amendments

Part 2 completed by Certifier





### Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
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 forgoing is true and correct.

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

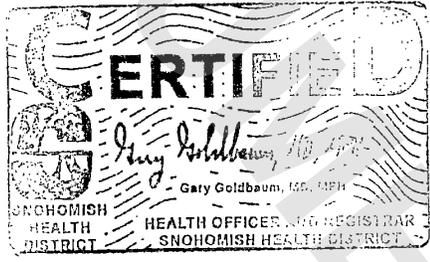
**Death Certificates:**

- 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)



QQ00076195

OCT 28 2008