



201908260145

08/26/2019 12:26 PM Pages: 1 of 4 Fees: \$42.00
Skagit County Auditor

Return Address:

Document Title:

Death Certificate

Reference Number (if applicable):

20181101.0109

Grantor(s):

additional grantor names on page ____

1) Margaret Hull

2) _____

Grantee(s):

additional grantor names on page ____

1) John Hull

2) _____

Abbreviated Legal Description:

full legal on page(s) ____

See attached

22/34/01

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P19541 P19550

P19540 P19577

19585

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-035344

DATE ISSUED: 08/13/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARGARET MARY
LAST NAME(S): HULL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 10, 2019
HOUR OF DEATH: 08:30 AM
SEX: FEMALE AGE: 101 YEARS
SOCIAL SECURITY NUMBER: 534-07-3606

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 15434 ROSARIO VIEW LANE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 15434 ROSARIO VIEW LANE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 73 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

FATHER/PARENT: EDGAR M SCHWARTZ
MOTHER/PARENT: JENNIE JASON

BIRTH DATE: APRIL 25, 1918
BIRTHPLACE: ANACORTES, WA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: AUGUST 14, 2019

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

INFORMANT: JOHN HULL
RELATIONSHIP: SON
ADDRESS: 15434 ROSARIO VIEW LANE, ANACORTES, WA 98221

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A: SUDDEN CARDIAC DEATH
INTERVAL: SECONDS
B: UNSPECIFIED NATURAL CAUSES
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019.3634
AUG 26 2019

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

OTHER CONDITIONS CONTRIBUTING TO DEATH: FORMER SMOKER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 12, 2019

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 19SK0273
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: AUGUST 12, 2019

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



Affidavit for Correction

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
Required information must match current information on record
Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: 2. Date of Event: 3. Place of Event:
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:
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 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



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

CERTIFIED

AUG 13 2019

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



0 3 2 6 2 4 8 4

ATTACHMENT "A"

Parcel/Tax ID No.: P19541/340122-0-015-0006

BEG 388FT N OF SE C GV LT 2 TH S 80DEG WTO MEAN LI TH NLY ALG SD LI TAP ON E LI LT 2 473.8FT N OF SE C LT 2 TH E TAP ON E LI TAYLOR RD TH S ALG E LI SD RD TAP 388FT N OF SW C SE1/4 NE1/4 TH W TPB.

Parcel/Tax ID No.: P19540/340122-0-014-0007

BEG 473.8FT N OF SW C SE1/4 NE1/4 TH E 10FT M/L TO W LI TAYLOR RD TH NLY ALG R DTAP 583.8FT N OF SE C LT 2 TH W 60FT TH S 100FT W 60FT N 100FT W 38FT TH S 100F TTH W TO MEAN LI TH SLY ALG SD LI TAP W OF POB TH E TPB LESS RT 0-025.

Parcel/Tax ID No.: P19550/340122-024-0013

RT 0-024 PTN OF LOT 2 DAF BAAP 583.5FT N & 60FT W OF SEC OF LOT 2 TH S 100FT T HW 60FT TH N 100FT TH E 60FT TO POB LESS N 20 FT, ALSO EXCEPT YHE WEST 25 FEET THEREOF.

Parcel/Tax ID No.: P19577/340122-0-047-0008

TAX 3A TIDE LANDS 2ND CLASS IN FR. OF FOL DESC PTN OF GOV LOT 2 N OF S 50' THOF & S OF A LINE RUN S 80 DEG W FROM A PT ON E LINE OF LOT 2 323' FROM SE COR THOF WITH FRONT OF 4.32 LIN. CHS. ALSO THAT PTN OF S 4838' OF LOT 2 LYING N OF A LINE RUN S 80 DEG W FROM A PT ON E SIDE OF LOT 2 388' FROM SE COR THOF WITH A FRONTAGE OF 2.20 LIN CHS. 22-34-1.

Parcel/Tax ID No.: 19585/340122-1-004-0007

PTN SE1/4 NE1/4 LY W OF TAYLOR RD LESS LESS TAX 17 & 28