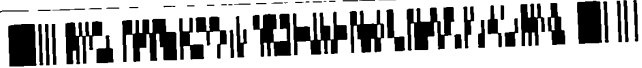


WHEN RECORDED RETURN TO:

Holly A Payne
15120 Grey Pebble Drive
Darnestown, MD 20874



201909170101

09/17/2019 03:25 PM Pages: 1 of 4 Fees: \$42.00
Skagit County Auditor

Land Title and Escrow

02-174236-0

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

State of Washington

GRANTEE(S):

Robert Miller Payne

TRUSTEE(S):

ABBREVIATED LEGAL DESCRIPTION:

Ptn Lots 10 & 11, Blk 14, Calhoun Add to La Conner

TAX PARCEL NUMBER(S):

P74171 4124-014-011-0019

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-035396

DATE ISSUED: 08/14/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT MILLER

LAST NAME(S): PAYNE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 12, 2018

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: DIVORCED

SPOUSE: NOT APPLICABLE

OCCUPATION: FOREMAN

INDUSTRY: CONSTRUCTION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: HOLLY PAYNE

RELATIONSHIP: DAUGHTER

ADDRESS: 15120 GREY PEBBLE DRIVE DARNESTOWN, MD 20874

CAUSE OF DEATH:

A: PRESUMED/PROBABLE CEREBROVASCULAR DISEASE/STROKE

INTERVAL: 9 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MEDICATION NONCOMPLIANCE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 522 CENTRE ST

CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

RESIDENCE STREET: 522 CENTRE ST

CITY, STATE, ZIP: LACONNER, WA 98257

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: JAMES E PAYNE

MOTHER/PARENT: JUANITA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 15, 2018

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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

CERTIFIER NAME: MARCY A. SHAPLEY, PA-C

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 912 32ND STREET, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: AUGUST 14, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 14, 2018



Affidavit for Correction

Mar. Co. 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
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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 nd parent (if required):						
Printed name:		Date:		Printed name:				
Date:		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:								
<ul style="list-style-type: none"> 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								
<ol style="list-style-type: none"> 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. 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. Documentary proof must be five or more years old or established within five years of birth. 								
<table border="0"> <tr> <td>Child under 18</td> <td>Adult (18 years or older)</td> </tr> <tr> <td> <ul style="list-style-type: none"> 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 </td> <td> <ul style="list-style-type: none"> 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 </td> </tr> </table>					Child under 18	Adult (18 years or older)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
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*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								
<ol style="list-style-type: none"> 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. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 								
Marriage/Dissolution (Divorce) Certificates								
<ol style="list-style-type: none"> 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. 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 14 2018

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



0 2 0 1 9 4 2 3



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

SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY

FILED
Skagit County Clerk
Skagit County, WA
12/21/18

Estate of ROBERT MILLER PAYNE:

No. 18-4-00418-29

LETTERS ADMINISTRATION

I. BASIS

1.1 ROBERT MILLER PAYNE late of SKAGIT County died intestate on or about August 12, 2018 leaving property in this state subject to administration.

1.2 On December 21, 2018 the court appointed HOLLY A PAYNE to administer the estate of the decedent according to law.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT HOLLY A PAYNE is authorized by this court to administer the estate of the above decedent according to law.

DATED on this the 21st day of December, 2018.

MAVIS BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

By Kristen Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss

I, MAVIS BETZ, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters of Administration in the above-named case which was entered of record on December 21, 2018.

I further certify that these letters are now in full force and effect.

DATED: December 21, 2018

MAVIS BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY 
Deputy Clerk

