

**WHEN RECORDED RETURN TO:**

Guardian Northwest Title  
3202 Commercial Avenue  
Anacortes, WA 98221



**201909200055**

09/20/2019 10:37 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

**DOCUMENT TITLE(S):**

Death Certificate

GUARDIAN NORTHWEST TITLE CO.

19-3189

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

STATE OF WASHINGTON

:

Alan G. Dickson

:

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 3, Block 7, Holiday Hideaway, Div. No. 1

**TAX PARCEL NUMBER(S):**

P66063 & 3926-007-003-0007

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-050570

LOCAL FILE NUMBER: 4668

DATE ISSUED: 12/16/2016

FEE NUMBER: 0001706065

GIVEN NAMES: ALAN GEORGE  
LAST NAME: DICKSONCOUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: DECEMBER 12, 2016  
HOUR OF DEATH: 06:21 P.M.  
SEX: MALE  
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITEBIRTHDATE: [REDACTED]  
BIRTHPLACE: NILES, BERRIEN CNTY, MICHIGANMARITAL STATUS: MARRIED  
SPOUSE: MARTA CHRISTINE FASSNACHTOCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? NOINFORMANT: MARTA CHRISTINE DICKSON  
RELATIONSHIP: WIFE  
ADDRESS: 1214 AVENUE A, SNOHOMISH, WA 98290PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1214 AVENUE A  
CITY, STATE, ZIP: SNOHOMISH, WASHINGTON 98290RESIDENCE STREET: 1214 AVENUE A  
CITY, STATE, ZIP: SNOHOMISH, WASHINGTON 982902038  
INSIDE CITY LIMITS? YES  
COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 9 YEARSFATHER/PARENT: RAYMOND GILBERT DICKSON  
MOTHER/PARENT: RUTH ELIZABETH [REDACTED]METHOD OF DISPOSITION: ENTOMBMENT  
PLACE OF DISPOSITION: CHAPEL OF THE RESURRECTION  
CITY, STATE: BOTHELL, WA  
DISPOSITION DATE: DECEMBER 17, 2016FUNERAL FACILITY: CHAPEL OF THE RESURRECTION  
ADDRESS: 16300 - 112TH AVE NE  
CITY, STATE, ZIP: BOTHELL WA 98011  
FUNERAL DIRECTOR: PAUL J. PUTNAM, JR

## CAUSE OF DEATH:

- A. INFECTION  
INTERVAL: 1 WEEK
- B. RENAL FAILURE REQUIRING NEPHROSTOMY TUBES  
INTERVAL: 3 YEARS
- C. URETERAL OBSTRUCTION DUE TO RETROPERITONEAL ADENOPATHY  
INTERVAL: 3 YEARS
- D. METASTATIC PROSTATE CANCER  
INTERVAL: 11 YEARS

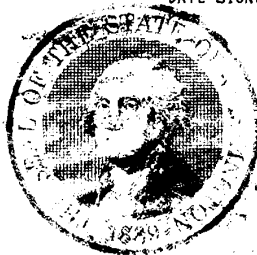
OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONEMANNER OF DEATH: NATURAL  
AUTOPSY: NOAVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: ELAHE MOSTAGHEL, MD, PHD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1959 NE PACIFIC ST (BOX 356100)  
CITY, STATE, ZIP: SEATTLE WA 98198  
DATE SIGNED: DECEMBER 15, 2016CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLELOCAL DEPUTY REGISTRAR:  
JULIE MARTIN  
DATE RECEIVED: DECEMBER 15, 2016



## Affidavit for Correction

09/20/2019 10:37 AM Page 3 of 3

Meritage 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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<b>Required</b>	<b>Required information must match current information on record</b>			
	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)

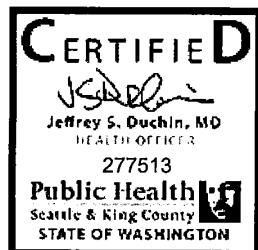
## Death Certificates

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



GG00277513