



201910100089

10/10/2019 02:02 PM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

Document Title:

Community Property Agreement

Reference Number :

Grantor(s):

additional grantor names on page ____.

- 1. William H. MacKenzie (now deceased)
- 2. Helen-Vaughan MacKenzie

Grantee(s):

additional grantee names on page ____.

- 1. Helen-Vaughan MacKenzie
- 2.

Abbreviated legal description:

full legal on page(s) ____.

Lot 42, "PLAT OF TRUMPETER MEADOWS"

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P123504 / 4872-000-042-0000

SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX
 2019-4417
 OCT 10 2019

Amount Paid \$
 Skagit Co. Treasurer
 By *mm* Deputy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-030741

DATE ISSUED: 07/16/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM HECTOR
LAST NAME(S): MACKENZIE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 09, 2019
HOUR OF DEATH: 10:45 AM
SEX: MALE AGE: 98 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LANDER, WY

MARITAL STATUS: MARRIED
SPOUSE: HELEN-VAUGHAN DEJARNETTE

OCCUPATION: FOREST RANGER
INDUSTRY: GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: HELEN-VAUGHAN MACKENZIE
RELATIONSHIP: WIFE
ADDRESS: 1810 EAST DIVISION ST #547 MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: CHRONIC HYPOXIC RESPIRATORY FAILURE
INTERVAL: MONTHS
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MOUNTAIN GLEN
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 3617 TUNDRA COURT
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: HECTOR MACKENZIE
MOTHER/PARENT: CAMILLE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 12, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 11, 2019

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

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



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
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Required	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:	
	First	Middle	Last	MM/DD/YYYY	City & 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)			
First	Middle	Last/Maiden	First	Middle	Last/Maiden	
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:
 PG 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:

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 foregoing is true and correct

16a. Signature: _____ Date: _____
 Printed name: _____

16b. Signature of 2nd parent (if required): _____ Date: _____
 Printed name: _____

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



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

CERTIFIED

JUL 16 2019

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



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