



**201910310021**

10/31/2019 09:31 AM Pages: 1 of 10 Fees: \$112.50  
Skagit County Auditor

After recording return to:

Alan R. Souders  
Souders Law Group  
913 7th Street  
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019-4769  
OCT 31 2019

Amount Paid \$0  
Skagit Co. Treasurer  
By *mm* Deputy

**DOCUMENT TITLE: AFFIDAVIT REGARDING JOINT TENANCY WITH RIGHTS OF SURVIVORSHIP**

**GRANTOR(S): DENNIS WAYNE PALMER; LUKE ANTHONY PAUL LUMINA, deceased; and THELMA LOIS PALMER-LUMINA, deceased**

**GRANTEE(S): THE PUBLIC**

**REFERENCE NUMBER OF RELATED DOCUMENT: 201403100102**

**ABBREVIATED LEGAL DESCRIPTION: Ptn NE ¼ of SW ¼, 12-34-1**

**TAX PARCEL NOS: 340112-0-032-0007/P19252, 340112-0-032-0106/P19253, 340112-3-001-020/P125343**

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**AFFIDAVIT REGARDING JOINT TENANCY WITH RIGHTS OF SURVIVORSHIP**

STATE OF WASHINGTON       )  
  : ss.  
COUNTY OF SKAGIT        )

Dennis Wayne Palmer, being first duly sworn, upon oath, deposes and says:

That I am the surviving Joint Tenant of the below described real property owned together with Luke Anthony Paul Lumina (the first Decedent), who died July 16, 2019, at Seattle, Washington, and Thelma Lois Palmer-Lumina (the second Decedent), who died September 22, 2019 at Anacortes, Washington. At the time of both Decedents' deaths, the Decedents and I were all residents of Anacortes, Skagit County, Washington.

This Affidavit is given for the purpose of supplying information pertaining to the Estates of Luke Anthony Paul Lumina and Thelma Lois Palmer-Lumina, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described herein.

That at the time of the deaths of Luke Anthony Paul Lumina and Thelma Lois Palmer-Lumina, the real property described herein was held in joint tenancy with rights of survivorship as between the decedents and myself, Dennis Wayne Palmer, as can be found in the Quit Claim Deed recorded under Skagit County Auditor No. 201403100102.

From the Date of Creation to the date of Decedents' deaths, the Joint Tenancy continued in force; each Joint Tenant recognized that the Real Property was held in Joint Tenancy with right of Survivorship, and no interest of any Joint Tenant in the Real Property was ever conveyed, encumbered, or separated from the interest of any other Joint Tenant, voluntarily or involuntarily, by specific act or operation of law.

The properties that were held between the aforementioned Decedents and myself as Joint Tenants with Rights of Survivorship are the following described real estate:

- (1) Tax Parcel No: 340112-0-032-0007/P19252 legally described as:

THE SOUTH HALF OF THAT PORTION OF THE NE1/4 OF THE SW1/4 OF SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 E, W.M., DESCRIBED AS FOLLOWS: BEGINNING 566 FEET WEST AND 466 FEET SOUTH OF THE CENTER OF SAID SECTION 12; THENCE SOUTH, 460 FEET; THENCE EAST, 100 FEET, THENCE NORTH TO A POINT EAST OF THE POINT OF BEGINNING; THENCE WEST TO THE POINT OF BEGINNING, EXCEPT COUNTY ROAD RIGHT-OF-WAY; TOGETHER WITH ALL AND SINGULAR THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANY WISE APPERTAINING. TOGETHER WITH THE FOLLOWING DESCRIBED TRACT OF LAND: BEGINNING AT A POINT 466 FEET WEST AND 466 FEET SOUTH OF THE CENTER QUARTER CORNER OF SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M.; THENCE SOUTH 87-13-21 EAST PARALLEL WITH THE NORTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 12, A DISTANCE OF 1.5 FEET, MORE OR LESS, TO THE FENCE SHOWN ON THAT CERTAIN SURVEY FILED UNDER AF#200307310093; THENCE SOUTHERLY ALONG SAID FENCE, A DISTANCE OF 110 FEET, MORE OR LESS, TO AN EXISTING DRIVEWAY; THENCE CONTINUING SOUTHERLY ACROSS SAID DRIVEWAY, A DISTANCE OF 28 FEET, MORE OR LESS, TO THE END OF A NORTH-

SOUTH FENCE; THENCE SOUTHERLY ALONG THE FENCE LAST MENTIONED, A DISTANCE OF 174 FEET, MORE OR LESS, TO A FENCE CORNER AT AN EXISTING DRIVEWAY; THENCE CONTINUING SOUTHERLY, ACROSS THE DRIVEWAY LAST MENTIONED, A DISTANCE OF 50 FEET, MORE OR LESS, TO THE END OF A NORTH-SOUTH FENCE; THENCE CONTINUING SOUTHERLY ALONG THE FENCE LAST MENTIONED, A DISTANCE OF 100 FEET, MORE OR LESS, TO THE NORTH RIGHT OF WAY LINE OF THE CAMPBELL LAKE ROAD; THENCE WESTERLY ALONG SAID RIGHT OF WAY LINE, A DISTANCE OF 9.7 FEET, MORE OR LESS, TO A POINT ON SAID RIGHT OF WAY LINE THAT LIES SOUTH 00-52-00 ESAT OF THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE NORTH 00-52-00 WEST, A DISTANCE OF 455.88 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION, PER SKAGIT CO 06-2-01242-1, EXCEPT THE NORTH 200 FEET THEREOF.

- (2) Tax Parcel No: 340112-0-032-0106/P19253 legally described as:

(TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 2004 MARLETTE SERIAL NUMBER H022603ABC; THE NORTH HALF OF THAT PORTION OF THE NE1/4 OF THE SW1/4 OF SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 E, W.M., DESCRIBED AS FOLLOWS: BEGINNING 566 FEET WEST AND 466 FEET SOUTH OF THE CENTER OF SAID SECTION 12; THENCE SOUTH 460 FEET; THENCE EAST, 100 FEET;; THENCE NORTH TO A POINT EAST OF THE POINT OF BEGINNING; THENCE WEST TO THE POINT OF BEGINNING, EXCEPT COUNTY ROAD RIGHT-OF-WAY; TOGETHER WITH ALL AND SINGULAR THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANY WISE APPERTAINING. ALSO KNOWN AS A PORTION OF SURVEY AF#200307310093 TOGETHER WITH THE NORTH 200 FEET OF THE FOLLOWING DESCRIBED TRACT OF LAND: BEGINNING AT A POINT 466 FEET WEST AND 466 FEET SOUTH OF THE CENTER QUARTER CORNER OF SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M.; THENCE SOUTH 87-13-21 EAST PARALLEL WITH THE NORTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 12, A DISTANCE OF 1.5 FEET, MORE OR LESS, TO THE FENCE SHOWN ON THAT CERTAIN SURVEY FILED UNDER AF#200307310093; THENCE SOUTHERLY ALONG SAID FENCE, A DISTANCE OF 110 FEET, MORE OR LESS, TO AN EXISTING DRIVEWAY; THENCE CONTINUING SOUTHERLY ACROSS SAID DRIVEWAY, A DISTANCE OF 28 FEET, MORE OR LESS, TO THE END OF A NORTH-SOUTH FENCE; THENCE

SOUTHERLY ALONG THE FENCE LAST MENTIONED, A DISTANCE OF 174 FEET, MORE OR LESS, TO A FENCE CORNER AT AN EXISTING DRIVEWAY; THENCE CONTINUING SOUTHERLY, ACROSS THE DRIVEWAY LAST MENTIONED, A DISTANCE OF 50 FEET, MORE OR LESS, TO THE END OF A NORTH-SOUTH FENCE; THENCE CONTINUING SOUTHERLY ALONG THE FENCE LAST MENTIONED, A DISTANCE OF 100 FEET, MORE OR LESS, TO THE NORTH RIGHT OF WAY LINE OF THE CAMPBELL LAKE ROAD; THENCE WESTERLY ALONG SAID RIGHT OF WAY LINE, A DISTANCE OF 9.7 FEET, MORE OR LESS, TO A POINT ON SAID RIGHT OF WAY LINE THAT LIES SOUTH 00-52-00 ESAT OF THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE NORTH 00-52-00 WEST, A DISTANCE OF 455.88 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION, PER SKAGIT CO 06-2-01242-1.

- (3) Tax Parcel No: 340112-3-001-020/P125343 legally described as:

BEGINNING AT A POINT 566 FEET WEST AND 466 FEET SOUTH OF THE CENTER QUARTER CORNER OF SECTION 12, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M.; THENCE NORTH 00 DEGREES 52'00" WEST PARALLEL WITH THE EAST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 12, A DISTANCE OF 24 FEET, MORE OR LESS, TO AN EAST-WEST FENCE SHOWN ON THAT CERTAIN SURVEY FILED UNDER AF#200307310093; THENCE WESTERLY ALONG SAID FENCE, A DISTANCE OF 20 FEET, MORE OR LESS, TO AN INTERSECTION WITH A NORTH-SOUTH FENCE SHOWN ON SAID SURVEY; THENCE SOUTHERLY ALONG SAID NORTH-SOUTH FENCE, A DISTANCE OF 456 FEET, MORE OR LESS, TO THE NORTH RIGHT OF WAY LINE OF THE CAMPBELL LAKE ROAD; THENCE NORTH 00 DEGREES 52'00" WEST, A DISTANCE OF 430.30 FEET, MORE OR LESS, TO THE POINT OF BEGINNING OF THIS DESCRIPTION.

Said three parcels above also being described as follows, per the deed granting joint tenancy with right of survivorship, recorded under Skagit County Auditor's file number 201403100102:

That portion of the Northeast 1/4 of the Southwest 1/4 of Section 12, Township 34 North, Range 1 East, W.M., described as follows:

Beginning 566 feet West and 466 feet South of the center of said Section 12; thence South 460 feet;

thence East 100 feet;  
thence North to a point East of the point of beginning;  
thence West to the point of beginning,

EXCEPT County road rights of way.

TOGETHER WITH that portion of the Northeast 1/4 of the Southwest 1/4 of Section 12, Township 34 North, Range 1 East, W.M., described as follows:

Beginning at a point 566 feet West and 466 feet South of the center 1/4 corner of Section 12, Township 34 North, Range 1 East W.M.;  
thence North  $00^{\circ}52'00''$  West parallel with the East line of the Southwest 1/4 of said Section 12, a distance of 24 feet, more or less, to an East-West fence shown on that certain survey filed under Auditor's File No. 200307310093;  
thence Westerly along said fence, a distance of 20 feet, more or less to an intersection with a North-South fence shown on said survey;  
thence Southerly along said North-South fence, a distance of 456 feet, more or less, to the North right of way line of the Campbell Lake Road;  
thence North  $00^{\circ}52'00''$  West, a distance of 430.30 feet, more or less, to the point of beginning of this description.

Situate in the County of Skagit, State of Washington.

AND ALSO TOGETHER WITH THE FOLLOWING DESCRIBED PROPERTY:

Beginning at a point 466 feet west and 466 feet south of the center quarter corner of Section 12, Township 34 North, Range 1 East, W.M.; thence S  $87^{\circ}13'21''$  E parallel with the north line of the southwest quarter of said Section 12, a distance of 1.5 feet, more or less, to the fence shown on that certain survey filed under Auditor's File No. 200307310093; thence southerly along said fence, a distance of 110 feet, more or less, to an existing driveway; thence continuing southerly across said driveway, a distance of 28 feet, more or less to the end of a north-south fence; thence southerly along the fence last mentioned, a distance of 174 feet, more or less, to a fence corner at an existing driveway; thence continuing southerly across the driveway last mentioned, a distance of 50 feet, more or less, to end of a north-south fence; thence continuing southerly along the fence last mentioned, a distance of 100 feet, more or less to the north right of way line of the Campbell Lake Road; thence westerly along said right of way line, a distance of 9.7 feet, more or less to a point on said right of way line that lies S  $00^{\circ}52'00''$  E of the point of beginning of this description, thence N

00°52'00" W, a distance of 455.88 feet to the point of beginning of this description.

Containing 2,560 square feet, more or less.

Situated in Skagit County, Washington.

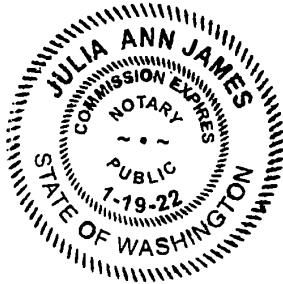
This affidavit may be used and relied upon as evidence of proof of the ownership of the above-described real property by myself, Dennis Wayne Palmer, as the sole surviving joint tenant with right of survivorship.

Dated this 22 day of October, 2019.

Dennis Wayne Palmer

Dennis Wayne Palmer

SUBSCRIBED AND SWORN to before me this 22<sup>nd</sup> day of October, 2019.



Julia Ann James

Julia Ann James

Notary Public in and for the State of Washington,  
residing at Mount Vernon  
My appointment expires January 19, 2022.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-032093

DATE ISSUED: 07/23/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LUCAS ANTHONY

LAST NAME(S): LUMINA

AKA: ANTHONY PAUL UMINA

AKA:

AKA:

COUNTY OF DEATH: KING

DATE OF DEATH: JULY 16, 2019

HOUR OF DEATH: 11:05 AM

SEX: MALE AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: NEWTON, MA

MARITAL STATUS: MARRIED

SPOUSE: THELMA LOIS JORGENSEN

OCCUPATION: FOOD CHEMIST

INDUSTRY: US GOVERNMENT

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: DENNIS PALMER

RELATIONSHIP: STEPSON

ADDRESS: 5475 CAMPBELL LAKE ROAD, ANACORTES, WA, 98221

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: DAYS

B: METASTATIC PROSTATE CANCER

INTERVAL: MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE KIDNEY INJURY,  
POSSIBLE AORTIC DISSECTION, HEART FAILURE, CORONARY ARTERY  
DISEASE, AORTIC STENOSIS, DIABETES

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: HOSPITAL

FACILITY OR ADDRESS:

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 5475 CAMPBELL LAKE ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: JOHN UMINA

MOTHER/PARENT: CATALINA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JULY 23, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: BASAK CORUH, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)

CITY, STATE, ZIP: SEATTLE, WA 98195

DATE SIGNED: JULY 17, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA19-2652

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: JULY 22, 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
<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 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: <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:	Printed name:
Date:	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 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 23 2019

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



0 2 9 8 3 8 2 6



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-041612

DATE ISSUED: 09/27/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): THELMA LOIS

LAST NAME(S): PALMER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 22, 2019

HOUR OF DEATH: 06:45 AM

SEX: FEMALE AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER

INDUSTRY: PUBLIC EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: DENNIS PALMER

RELATIONSHIP: SON

ADDRESS: 5475 CAMPBELL LAKE ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: DAYS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBROVASCULAR DISEASE AND DEMENTIA

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: 5475 CAMPBELL LAKE ROAD

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5475 CAMPBELL LAKE ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: ALFRED KRISTIAN-HOVDE JORGENSEN

MOTHER/PARENT: EVANGELINE LILLY [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: OCTOBER 03, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: JASON G. HOGGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: SEPTEMBER 23, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 19SK0309

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 23, 2019



## Affidavit for Correction

10/31/2019 09:31 AM Page 10 of 10

This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

## 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

Required	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 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: <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:
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Telephone Number:	Email Address:
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## 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:	Printed name:
Date:	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

- 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
 

<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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- \*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- 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 January 2015



\*CERTIFIED\*

SEP 27 2019

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


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