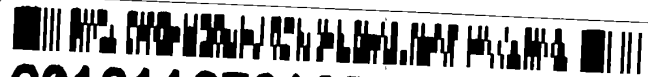


WHEN RECORDED RETURN TO:

Guardian Northwest Title
3202 Commercial Avenue
Anacortes, WA 98221



201911270185

11/27/2019 03:20 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

DOCUMENT TITLE(S):

Death Certificate

GUARDIAN NORTHWEST TITLE CO.

1A-3388

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

2019-014888

GRANTOR: STATE OF WASHINGTON

:

LORRAINE DEAN SMITH

:

ABBREVIATED LEGAL DESCRIPTION:

Tract 37, SKYLINE DIV. 4

TAX PARCEL NUMBER(S):

P59252 & 3820-000-037-0009

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-014888

LOCAL FILE NUMBER: 19255

DATE ISSUED: 04/04/2019
FEE NUMBER: 400145FIRST AND MIDDLE NAME(S): LORRAINE DEAN
LAST NAME(S): SMITH

COUNTY OF DEATH: CHELAN

DATE OF DEATH: APRIL 01, 2019

HOUR OF DEATH: 02:40 AM

SEX: FEMALE

AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: LONG BEACH, CA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: ENROLLED AGENT

INDUSTRY: ACCOUNTING / TAXES

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: MICHAEL W SMITH

RELATIONSHIP: SON

ADDRESS: 4965 HALLGARTEN DRIVE, SPARKS NV 89436

CAUSE OF DEATH:

A: DEHYDRATION AND CACHEXIA

INTERVAL: MONTHS

B: ALZHEIMER'S DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE III

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: BLOSSOM VALLEY, 1701 ORCHARD AVE.
CITY, STATE, ZIP: WENATCHEE, WASHINGTON 98801

RESIDENCE STREET: 1401 MADISON STREET

CITY, STATE, ZIP: WENATCHEE, WA 98801

INSIDE CITY LIMITS: YES

COUNTY: CHELAN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: WILLIAM F PERKINS

MOTHER/PARENT: SERENA [REDACTED]

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: FORREST LAWN CEMETERY

CITY, STATE: LONG BEACH, CALIFORNIA

DISPOSITION DATE: APRIL 04, 2019

FUNERAL FACILITY: JONES & JONES - BETTS FUNERAL HOME

ADDRESS: 302 9TH ST

CITY, STATE, ZIP: WENATCHEE, WASHINGTON 98801

FUNERAL DIRECTOR: DANTE GUTIERREZ-ZAMORA

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: CHARLES MCCORMICK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1201 SOUTH MILLER

CITY, STATE, ZIP: WENATCHEE, WA 98801

DATE SIGNED: APRIL 02, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: CH2019-136

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORENA OROZCO

DATE RECEIVED: APRIL 03, 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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address: P.O. 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 forgoing is true and correct

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

- 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.

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

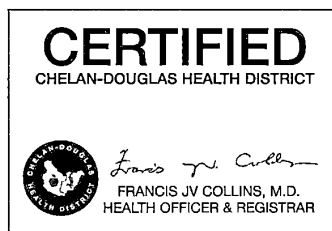
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse 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

- 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

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



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