

WHEN RECORDED RETURN TO:

Vickie L. Griffeth
1810 E Division Street, #234
Mount Vernon, WA 98274

Land Title and Escrow
01-175149-OE, 01-175149-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Griffeth, Vernon G.

ABBREVIATED LEGAL DESCRIPTION:

Lot 7, Wilida Estates

TAX PARCEL NUMBER(S):

P80672

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-008292

DATE ISSUED: 05/10/2013

FEE NUMBER: 000000029

GIVEN NAMES: VERNON GLEN
LAST NAME: GRIFFETH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 06, 2013 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 56 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1228 INDEPENDENCE BLVD.
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 1228 INDEPENDENCE BLVD.
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE:
BIRTHPLACE: SEATTLE, KING UNIV, WASHINGTON

FATHER: PHILLIP MALDEN GRIFFETH
MOTHER: MARGARET JEAN

MARITAL STATUS: MARRIED
SPOUSE: VICKIE LITTLETON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY
CITY, STATE: SEDRO-WOOLLEY, WA
DISPOSITION DATE: MAY 14, 2013

OCCUPATION: MANAGEMENT
INDUSTRY: AIRCRAFT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

INFORMANT: VICKIE GRIFFETH
RELATIONSHIP: WIFE
ADDRESS: 1228 INDEPENDENCE BLVD, SEDRO-WOOLLEY, WASHINGTON 98284

CAUSE OF DEATH:
A. END STAGE PANCREATIC CANCER WITH METASTASIS
INTERVAL: YEARS

- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

ME/CORONER: DANIEL F. DEMPSEY, RN
TITLE: CORONER
ME/CORONER
ADDRESS: 700 S. 2ND STREET, ROOM 100
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: MAY 09, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 071-13
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MAY 09, 2013



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 |
|-------------------|------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

| | | |
|--------------------|-------------------|-------------------------------------|
| 1. Name on record: | 2. Date of Event: | 3. Place of Event: (City or County) |
|--------------------|-------------------|-------------------------------------|

| | |
|--|--|
| 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) | 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) |
|--|--|

The Record is Incorrect or Incomplete as follows:

| The Record now shows: | The True fact is: |
|-----------------------|-------------------|
| 6. | 7. |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

| | | |
|----------------|-----------|--------------|
| 15. Signature: | 16. Date: | 17. Address: |
|----------------|-----------|--------------|

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Hospital /Medical Record, Life Insurance Policy, Marriage/Divorce Record, Numident Report (Social Security Administration), Military Record (DD-214), Birth Record, Passport, School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

- Death Certificates:**
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (Divorce) Certificates:**
- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
 - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

MAY 10 2013

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

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