



202001210120

01/21/2020 12:10 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Document Title:

200204040006

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. state of washington

2.

Grantee(s):

additional grantee names on page ____.

1. Ladean Smith

2.

Abbreviated legal description:

full legal on page(s) ____.

Lot 1 Cromarty Addition as per plat recorded in
volume 1 of Plats pages 34 records of Skagit
County Washington

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P64700

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2020240
JAN 21 2020

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/08/2020
FEE NUMBER:

CERTIFICATE NUMBER: 2020-000460

FIRST AND MIDDLE NAME(S): LADEAN
LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 05, 2020
HOUR OF DEATH: 11:50 AM
SEX: FEMALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: VAN HORN, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OWNER/OPERATOR
INDUSTRY: DAY CARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: KAROL GOODWILLIE
RELATIONSHIP: EXECUTOR
ADDRESS: 22572 RHODES ROAD SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: PULMONARY EMBOLISM
INTERVAL: UNKNOWN

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 22572 RHODES ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: IRVIN SOREN JENSEN
MOTHER: ARTA PEAR [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 13, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: OLEG RAVITSKY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: JANUARY 07, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: OLEG RAVITSKY, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JANUARY 08, 2020



Affidavit for Correction

01/21/2020 12:40 PM Page 1 of 3
Washington State Department of Health
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

Required information must match current information on record
Record Type: Birth Death Marriage 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 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)
7. Return Mailing Address: PO 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: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: 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
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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship • Only the adult can change his or her birth certificate
• 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)* • If the first or middle name is missing, three pieces of documentary proof are required
• After age one, a court order is required to change the last name • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
• No proof is required to change the first or middle name* • To correct parent's birth date, place of birth, or name, one documentary proof is required
• 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
*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



CERTIFIED

JAN 08 2020

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



0 3 2 6 7 3 5 4

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