## WHEN RECORDED RETURN TO:

Kathy L. Pasek C/O Heidi Lindsay 30913 149<sup>th</sup> Ave SE Kent, WA 98042

Land Title and Escrow

# 202003060142

03/08/2020 12:43 PM Pages: 1 of 3 Fees: \$41.00 Skapit County Auditor

01-175541-OE, 01-175541-OE DOCUMENT TITLE(S): Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR: STATE OF WASHINGTON

GRANTEE: PASEK, GENE DENNIS

ABBREVIATED LEGAL DESCRIPTION: Lot 420, Shelter Bay Div. 3

TAX PARCEL NUMBER(S): 5100-003-420-0000, P129229, S3302020111

LPB 01-05

202003060142

# STATE OF WASHINGTON

### **CERTIFICATE OF DEATH**



#### CERTIFICATE NUMBER: 2018-042573

FIRST AND MIDDLE NAME(S): GENE DENNIS LAST NAME(S): PASEK

COUNTY OF DEATH: SKAGIT DATE OF DEATH: SEPTEMBER 29, 2018 HOUR OF DEATH: 04:45 AM SEX: MALE AGE: 69 YEARS SOCIAL SECURITY NUMBER:

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

BIRTH DATE: BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED SPOUSE: KATHY LEE SNOOK

OCCUPATION: BUSINESS OWNER / WINE MAKER INDUSTRY: LIQUOR EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO

INFORMANT: KATHY LEE PASEK RELATIONSHIP: SPOUSE ADDRESS: 420 UMATILLA DRIVE, LA CONNER, WA 98257

#### CAUSE OF DEATH:

- A: HEPATIC CIRRHOSIS INTERVAL: MONTHS
- B: CHRONIC HEPATITIS C INTERVAL: YEARS
- INTERV/
- INTERVAL
- D:
  - INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATORENAL SYNDROME, ASCITES, LIVER TRANSPLANT IN 2009, ENCEPHALOPATHY, VARICES

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

DATE ISSUED: 10/02/2018 FEE NUMBER: 311018

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 420 UMATILLA DRIVE CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 420 UMATILLA DRIVE CITY, STATE, ZIP: LA CONNER, WA 98257 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER/PARENT: EDWIN PASEK MOTHER/PARENT: LORETTA

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON DISPOSITION DATE: OCTOBER 02, 2018

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209 CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223 FUNERAL DIRECTOR: AMY H. BERMAN

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: ANITA M. MEYER, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: OCTOBER 01, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: OCTOBER 02, 2018

DOH 422-132 Spohomisti (10/17)

NOT VALID IF PHOTOCOPIED OR ALTERED

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This is a legal document. Complete in ink and do not alter.       Opting: W 489545         State File Number       Fare Number       Inclus       Otte       Affdautt Number         State File Number       Fare Number       Inclus       Otte       Affdautt Number         Begurded Information must match current Information on record       Disto of Event:	1 Ten Wa	slungton State Department of		Affidavit for Correction					
State File Number         Fee Number         Initial         Date         Affdavit Number           Record Type:         Birth         Death         Amriage         Dissolution (Divorce)           Record Type:         Birth         Death         Amriage         Dissolution (Divorce)           Record Type:         Birth         Deate         Dissolution (Divorce)         Dissolution (Divorce)           Record Type:         Birth         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)           Record Type:         Birth         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)           Record Type:         Birth         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)           Y         Return Mailing Address:         Email Address:         Dissolution (Divorce)         Dissolution (Divorce)           10:         11:         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)           11:         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)           12:         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)         Dissolution (Divorce)           13: </th <th><u> III</u></th> <th>Health</th> <th>This is a le</th> <th></th> <th></th> <th></th> <th>do not alter.</th> <th>Olympia, WA 98504-7814</th>	<u> III</u>	Health	This is a le				do not alter.	Olympia, WA 98504-7814	
Required information must match current information on record           Required information must match current information on record           Record Type:         Birth         Death         Marriage         Dissolution (Divorce)         Place of Event:           I. Father Parent Full Legal Name (Spouse A for Marriage or Dissolution)         Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)         Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)           7. Return Mailing Address:         Bell         Funderal Director         Other (seech)           7. Return Mailing Address:         Image or Dissolution (Divorce)         Divorce (seech)           7. Return Mailing Address:         Image or Dissolution (Divorce)         Divorce (seech)           7. Return Mailing Address:         Image or Dissolution (Divorce)         Divorce (seech)           8.         0         11         Divorce (seech)           9.         11         Divorce (seech)         Divorce (seech)           14.         15         Internet fact is:         Parent (Frequired)           9.         Internet fact is:         Parent (Divorce)         Parent (Divorce)           14.         15         Internet fact is:         Parent (Divorce)         Parent (Divorce)           14.         15         Internet fact is: <td< th=""><th></th><th>linek ez</th><th></th><th></th><th>TE OFFIC</th><th></th><th>Data</th><th>Affide of Number</th></td<>		linek ez			TE OFFIC		Data	Affide of Number	
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Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)     Subther/Parent Full Birth Name (Spouse B for Marriage or Dissolution)     Subther/Parent Full Birth Name (Spouse B for Marriage or Dissolution)     Name of Person Requesting Correction:     Relationship to Person Record:     Parent(s)     Parent(s)     Parental Director     Other (speedy)     Return Mailing Address:     The tree ord now shows:     Subthere of Person Requesting any changes on the record. The record is incorrect or Incomplete as follow:     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord now shows:     Subthere of Person (Speedy)     The tree ord (Speedy)     The tree ord (Speedy)     Subthere of Person (Speedy)     Subthere of The second (Spee	Reco	ord Type:	Birth	Death	🗌 Ma	rriage	Dissolution		
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6. Name of Person Requesting Correction:       Relationship to       Belf       Gluardian       Informant         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 follow:         8.       9.         10.       11.         12.       13.         14.       15.         1 declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct fies. Signature.       Field. Signature of 2 <sup>m</sup> parent (if required):         Prined name:       Date:       Prined name:       Date:         Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof       Social Security card or hospital decorative birth certificate cannot be used as proof         Birth Carificates       Ontwaristion (in the adivide in end divid and if the ordificate.       Pasent (if the ordificate.         Birth Carificates       Social Security card or established within five years of birth.       Social Security card or established within five years of birth.         Child targe one, a court order is required to change the fist or mode parents indicate signature.       Pasent (if the social card order)         Birth Carificates	4. Fath	ner/Parent Full Le	egal Name (Spouse A fo	r Marriage or Diss	solution) 5	. Mother/Parent F	ull Birth Name (Spou	se B for Marriage or Dissolution)	
6. Name of Person Requesting Correction:       Relationship to       Belf       Gluardian       Informant         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 follow:         8.       9.         10.       11.         12.       13.         14.       15.         1 declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct fies. Signature.       Field. Signature of 2 <sup>m</sup> parent (if required):         Prined name:       Date:       Prined name:       Date:         Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof       Social Security card or hospital decorative birth certificate cannot be used as proof         Birth Carificates       Ontwaristion (in the adivide in end divid and if the ordificate.       Pasent (if the ordificate.         Birth Carificates       Social Security card or established within five years of birth.       Social Security card or established within five years of birth.         Child targe one, a court order is required to change the fist or mode parents indicate signature.       Pasent (if the social card order)         Birth Carificates	rec			-					
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The record now shows:         The true fact is:           8.         9.           10.         11.           12.         13.           14.         15.           Ideclare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct f6a. Signature:           Printed name:         Pate:           Printed name:         Pate:           Printed name:         Pate:           INSTRUCTIONS - go to www.coh.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 intere at the table. Examples of documentary proof include:           Birth Gerificates         Notaria file of the social Security Card or hospital decorative birth. certificate at cannot be used as proof           1. Orey parent(s), leggi guerdian (fit the child is under 18), or the named individual (fit file order) 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 n Mary Ann Doe.           3. Documentary proof must be five or more years of out file or instance?           4. Hage and(an(s), include certified court order proving guardian file           0. Uo to age required to change the file or midel name?           10 correct parents informatino, ned document	Telephone N	Number:			Ē	mail Address:			
The record now shows:         The true fact is:           8.         9.           10.         11.           12.         13.           14.         15.           Ideclare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct fas. Signature:           Printed name:         Pate:           Printed name:         Pate:           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 intere and birth date. Examples of documentary proof include.         School transcripts           Birth Gertificates         Norport (the child is under 18), or the named individual (f1 8 or dote) may change the birth certificate.           1. Orey parent(s), legal guardian(s), include certified court order proving guardian(shi)         School transcripts         School transcripts           3. Documentary proof must be five or more years ol or established within five years of birth.         Affaar age one, a court order is required to change the last name on certificate (can be any, change the first, middle and/or last name is missing, three pieces of documentary proof the sex of the child, end documentary proof is required.           1. To correct parent's information, one documentary proof is max medical to correct parent's information one documentary proof is max medical to correct parent shirth dake,	(	Use the section	on below for request	ing any change	es on the	record. The re	cord is incorrect o	or incomplete as follows:	
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14.       15.         Ideclare 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>th</sup> parent (if required):         Printed name:       Date:         INSTRUCTIONS – go to yaw doh wa gov for more information       Date:         Driver's license, Social Security for gor to how wa gov for more information       Date:         Driver's license, Social Security for gor to how wa gov for more information       Driver's license, Social Security Numident Report         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.       School transcripts	10.				- 1	1.			
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>rd</sup> parent (if required):         Printed name:       Date:       Printed name:       Date:         INSTRUCTIONS – go to yown 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 irane and birth date. Examples of documentary prool include:       School transcripts       School transcripts <t< td=""><td>12.</td><td></td><td></td><td></td><td></td><td>3.</td><td></td><td></td></t<>	12.					3.			
16a. Signature:       16b. Signature of 2 <sup>ab</sup> parent (if required):         Printed name:       Date:       Printed name:       Date:         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:       School transcripts       Social Security Numident Report         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 n Mary Ann Doe.         3. Documentary proof must be five or more years old or established within five years of birth.       Addut (18 years or older)         • If legal guardian(s), include certified court order proving guardianship       • Only the adult can change his or her birth certificate         • To correct parent's information, one documentary proof fire ma medical provider is required to change the pixtor middle name       • Only the adult can change his or her birth, or name, one docum is required to change the pixtor middle on the certificate are required.       • To correct parent's information, one documentary proof fire matecate are required.       • To correct parent's informatiton, executors/administrators (if evidence coffirming su	14.			_	1	5.			
16a. Signature:       16b. Signature of 2 <sup>th</sup> 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 affadavit and include full mame and birth date. Examples of documentary proof include:       Birth/Mariage/Divorce record       Military record (DD-214)       • Social Security Numident Report         Certificates       • Military record (DD-214)       • Social Security Numident Report       • Social Security Numident Report         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.       • 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 n Mary Ann Doe.         3. Documentary proof must be five or more years old or established within five years of birth.       • Only the adult can change his or her birth certificate         • If tegal guardian(s), include certified court order proving guardianship       • Only the adult can change his or her birth certificate         • To correct parent's information, one documentary proof fire mamediant or model and/or last name is misspelled, or date of birth.         • To correct parent's information, one documentary proof fire ma medical provider is required       • To correct parent's information, one documentary proof fire ma medical mometon		I declare uno	ler penalty of perium	under the law	vs of the s	State of Washin	ngton that the ford	oing is true and correct	
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:         Social Security Numident Report           Certificate of Naturalization         Hospital/medical record         Passport         Social Security Numident Report           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.         The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe.         Social Security Numident Report           3. Documentary proof must be five or more years old or established within five years of birth.         Addit (18 years or older)         Only the adult can change his or her birth certificate           9. If legal guardian(s), include certified courn order proving guardianship on certificate (can be any combination of the first, middle or last names)         Only the adult can change his or her birth certificate         Only the adult can change his or her birth certificate           9. To correct parent's information, one documentary proof fire quired         O correct the sex of the child, one documentary proof form a medical provider is required         O correct parent's birth date, place of birth, two pieces of documentary proof are required.           10 correct parent's information, noe documentary proof fire quiret consek changes if required	16a. Signati								
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     Green/Permanent Resident card (I-55 Birth Certificates     Mony 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 n 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 licher parents', middle or last names'     After age one, a court order is required to change the first or middle name*     To correct parent's information, one documentary proof is required.     To correct parent's information, one documentary proof is required.     To correct parent's information, one documentary proof is required.     To correct parent's hindmate director, or executors/administrators (if evidence confirming such position is presented) may change the non-me     information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members a     registered domestic parter, parent, sibing or adult child or stepolici). The informant to the creatificate (family members a     registered domestic parter, parent, sibing or adult child or stepolici). The information formate of the the informant is requested to a familer to a birth certificate (tamp as none other than the informant is requesed to make changes of discumentary proof is required to make changes of requested by a family	Printed nam	16:		Date:	F	rinted name:		Date:	
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/Narriage/Divorce record       • Military record (DD-214)       • School transcripts       • Social Security Numident Report         • Certificate of Naturalization       • Hospital/medical record       • Passport       • Green/Permanent Resident card (I-55         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 n Mary Ann Doe.         3. Documentary proof must be five or more years old or established within five years of birth.       • Matul (18 years or older)         • Up to age one, last name can be changed once to either parents; middle or last names; or sequired to change the first or middle name*       • Only the adult can change his or her birth certificate         • To correct parent's information, one documentary proof fire a medical provider is required.       • To correct parent's birth date, place of birth, or name, one documentary proof is required to make changes fire quested by a family member not listed as the informant on the certificate (family members a reguired documentary proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members a reguired domestic pariner, parent, soling or aduct chind or spale i			INS	STRUCTIONS - 0	In to wavaw o	tob wa gov for mo	re information		
<ul> <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> <li>To change any part of the name of a child, signatures from both parents listed on the certificate (use parent's birth date, place of birth, or name, one documentary provider is required)</li> <li>To change any part of the name of a child, signatures from both parents listed on the certificate (use parent's birth date, place of birth, or name, one documentary provider is required)</li> <li>To change any part of the name of a child, signatures from both parents listed on the certificate (use parent's birth date, place of birth, or name, one documentary from a medical provider is required)</li> <li>To change any part of the name of a child, signatures from both parents listed on the certificate (use parent's birth date, place of birth, or name, one documentary from a medical provider is required)</li> <li>To the first or middle name is missing, three pieces of documentary is required.</li> <li>To change any part of the name of a child, signatures from both parents listed on the certificate (name certificate (name any component) be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</li> <li>Death Certificates</li> <li>Only the information. Proof is required to make changes if required to a dat father to a birth certificate (use paternity acknowledgment form DOH 422-032)</li> <li>The medical information. Change of the any the information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>Marr</li></ul>	<ol> <li>Only a</li> <li>The pr Mary A</li> <li>Docum</li> </ol>	parent(s), legal ( <b>coof(s) must ma</b> unn Doe. ientary proof mus	ch the asserted fact(s).	For example, if the	e affidavit s within five	says the name sho years of birth. <u>Adult (18 years o</u> r	ould be Mary Ann Doe	e, the proof must show the name	
<ul> <li>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 v</li></ul>	<ul> <li>If legal</li> <li>Up to a on cer</li> <li>After a</li> <li>No pro</li> <li>To cor</li> <li>To cor</li> </ul>	guardian(s), incl age one, last nan tificate (can be a ge one, a court o of is required to rect parent's info rect the sex of th	ne can be changed once ny combination of the firs order is required to chang change the first or midd rmation, one documenta	to either parents' st, middle or last n ge the last name le name* ry proof is require	ship ' name names)* ed.	<ul> <li>Only the adult</li> <li>If the first or m required</li> <li>If the first, mid two pieces of c</li> <li>To correct pare</li> </ul>	can change his or her iddle name is missing dle and/or last name is locumentary proof are	, three pieces of documentary pr s misspelled, or date of birth is ir e required	
<ul> <li>Death Certificates         <ol> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-me information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members a registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status required domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status required to make other than the informant is requesting the change.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol></li></ul> <li>Marriage/Dissolution (Divorce) Certificates         <ul> <li>Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documen</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice DOH 422-034 Octoor (dissolution) must complete and submit the affice dissolution (dissolution) must complete and submit the affice distole dissolution (dissolution) must complete and submit the affice distole distor distole distole</li></ul></li>	provide To change a	ny part of the name	of a child, signatures from	both parents liste	d on the ce	rtificate are require	d. If one parent is decea	sed, submit a death certificate with re	
CERTIFIED Int Beatty Mark Beatty MD HEALTH OF DER	<ol> <li>Only the information of the informatio</li></ol>	tificates the informant, the ation. Proof is re- ered domestic pa of a court order if edical informatio <b>Dissolution (Divo</b> nal facts (minor s	funeral director, or exect quired to make changes rtner, parent, sibling or a someone other than the n (cause of death) may b prce) Certificates pelling changes in name	utors/administrato if requested by a duit child or stepc informant is reque be changed only b e, date or place of	ors (if evide family men child). The i esting the c oy the certif birth or res	nce confirming su nber not listed as i nformant may cha change. ying physician or : idence) may be c	ch position is presente the informant on the cr inge marital status wit the coroner/medical e hanged by the person	ed) may change the non-medica ertificate (family members are sp h proof. Marital status requires a xaminer. with one piece of documentary	
					Mark Be HEALTH	Beatty, MD of Ficer DHOMISH		DOH 422-034 October	

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

