

Requested by and Return to:  
**Fidelity National Agency Solutions**  
6500 Pinecrest Drive, Suite 600  
Plano, Tx 75024

**RESE-WA11503**

**Document Title(s): DEATH CERTIFICATE**

**Grantor(s): DEPARTMENT OF HEALTH**

**DECEDENT(s): MAUREEN ROSE HARGER**

**Legal Description** (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)  
LOT A, "REPLAT OF A PORTION OF LOT 7, CHASE ACREAGE," AS PER PLAT RECORDED IN VOLUME 15  
OF PLATS, PAGE 38, RECORDS OF SKAGIT COUNTY, WASHINGTON  
SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

**Assessor's Property Tax Parcel/Account Number: P102161**

*The auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-049119

DATE ISSUED: 11/12/2019

FEE NUMBER: 1706065

FIRST AND MIDDLE NAME(S): MAUREEN ROSE  
LAST NAME(S): HARGERCOUNTY OF DEATH: KING  
DATE OF DEATH: NOVEMBER 01, 2019  
HOUR OF DEATH: 10:05 PM  
SEX: FEMALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: THOMAS WILLIAM HARGEROCCUPATION: BUSINESS OWNER  
INDUSTRY: CLOTHING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: THOMAS WILLIAM HARGER  
RELATIONSHIP: HUSBAND  
ADDRESS: 24838 CHASE ROAD, SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:  
A: SEPTIC SHOCK  
INTERVAL: 48 HOURS  
B: END STAGE LIVER DISEASE  
INTERVAL: 6 MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RESPIRATORY FAILURE, RENAL FAILURE

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: VIRGINIA MASON HOSPITAL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101RESIDENCE STREET: 24838 CHASE ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARSFATHER: DARYL DURANCEAU  
MOTHER: KATHLEEN ROSE [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICESCITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: NOVEMBER 09, 2019

FUNERAL FACILITY: CHAPEL OF THE RESURRECTION

ADDRESS: 16300 - 112TH AVE NE  
CITY, STATE, ZIP: BOTHELL, WASHINGTON 98011  
FUNERAL DIRECTOR: CAROLE SUE SWANSONMANNER 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 RESPONSECERTIFIER NAME: PHILIP ROYAL, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1100 9TH AVENUE  
CITY, STATE, ZIP: SEATTLE, WA 98101  
DATE SIGNED: NOVEMBER 01, 2019CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ROBBIE GASKIN  
DATE RECEIVED: NOVEMBER 08, 2019

DOH 422-132-King (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

 <b>Affidavit for Correction</b>		Mail to: <b>Center for Health Statistics</b> 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			
<b>Required</b>	<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:	
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>			
The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct</b>			
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:		Date:	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>			
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>			
<b>Birth Certificates</b>			
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. <b>The proof(s) must match</b> 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			
<b>Child under 18</b>		<b>Adult (18 years or older)</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>		<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>	
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required</b> . If one parent is deceased, submit a death certificate with request.			
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</b>			
<b>Death Certificates</b>			
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.			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
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.



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