

WHEN RECORDED RETURN TO:

**Barbara J. Williams
402 Nelson Street
Sedro Woolley, WA 98284**

**Filed & Recorded at Request of
Land Title & Escrow Company
Order No. 01-176194-OE**

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Raymond L. Allen

ABBREVIATED LEGAL DESCRIPTION:

Lots 19 & 20, Blk 59, 1st Add To Sedro.

TAX PARCEL NUMBER(S):

4150-059-020-0002; P75961

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/08/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-010521

FIRST AND MIDDLE NAME(S): **RAYMOND LESLIE**
LAST NAME(S): **ALLEN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MARCH 06, 2019**
HOUR OF DEATH: **04:50 PM**
SEX: **MALE** AGE: **80 YEARS**
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: **CLEAR LAKE, WA**

MARITAL STATUS: **WIDOWED**
SPOUSE: **NOT APPLICABLE**

OCCUPATION: **HEAVY EQUIPMENT OPERATOR**
INDUSTRY: **CITY GOVERNMENT**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **RICHARD ALLEN**
RELATIONSHIP: **SON**
ADDRESS: **3032 - 16TH STREET SE AUBURN, WA 98092**

CAUSE OF DEATH:
A: **ALZHEIMER'S DEMENTIA**
INTERVAL: **YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **FALL ON 2/26/19 WITH CLOSED HEAD INJURY, HUMERUS FRACTURE**

DATE OF INJURY: **FEBRUARY 26, 2019**
HOUR OF INJURY: **UNKNOWN**
INJURY AT WORK: **NO**
PLACE OF INJURY: **DAUGHTER'S RESIDENCE**

LOCATION OF INJURY: **402 NELSON STREET**

CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
COUNTY: **SKAGIT**
DESCRIBE HOW INJURY OCCURRED: **GROUND LEVEL FALL**

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **402 NELSON STREET**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **402 NELSON STREET**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WA 98284**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **25 YEARS**

FATHER/PARENT: **LEE WALTER ALLEN**
MOTHER/PARENT: **CLARA**

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **UNION CEMETERY**

CITY, STATE: **SEDRO WOOLLEY, WASHINGTON**
DISPOSITION DATE: **MARCH 16, 2019**

FUNERAL FACILITY: **LEMLEY CHAPEL**

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

MANNER OF DEATH: **ACCIDENT**
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: **DEBORAH HOLLIS**
TITLE: **CORONER/ME**
CERTIFIER ADDRESS: **1700 CONTINENTAL PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **MARCH 08, 2019**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **19SK0086**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **MARCH 08, 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
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:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Legal 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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital <input type="checkbox"/>				

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 follows:

8. The record now shows:	9. The true fact is:
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: Date: 16b. Signature of 2nd parent (if required): 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

- 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

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). 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.
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

MAR 08 2019

Howard Leisner

Stuart County Health Department
Howard Leisner M.D., Health Officer



0 2 1 3 7 1 9 1