

After Recording, please return to:

Land Title & Escrow of Skagit & Island County
111 E George Hopper Rd.
Burlington, WA 98233

Land Title and Escrow
02-176726-OE

Recording Cover Page

Document Title(s) (for transactions contained therein): 1. Death Certificate 2. 3. 4.
Reference Number(s) of Documents assigned or released: (on page ____ of documents(s))
Grantor(s) 1. Ingrid Agnes Jones 2. 3. 4. Additional Names on page ____ of document.
Grantee(s) 1. State of Washington 2. 3. 4. Additional Names on page ____ of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) Lot 17, Skyline #8 Additional legal is on page ____ of document.
Assessor's Property Tax Parcel/Account Number 3824-000-017-0009, P59673
The Auditor/Recorder will rely on information provided on the 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 2019-027616

DATE ISSUED 12/13/2019

FEE NUMBER

FIRST AND MIDDLE NAME(S) INGRID AGNES

LAST NAME(S) JONES

COUNTY OF DEATH SKAGIT

DATE OF DEATH JUNE 18, 2019

HOUR OF DEATH 11:56 AM

SEX FEMALE

AGE 79 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN NO, NOT SPANISH/HISPANIC/LATINO

RACE WHITE

BIRTH DATE

BIRTHPLACE BATTLE CREEK, MI

MARITAL STATUS DIVORCED

SURVIVING SPOUSE NOT APPLICABLE

OCCUPATION CUSTOMER SERVICE

INDUSTRY FOOD AND BEVERAGE

EDUCATION ASSOCIATE DEGREE

US ARMED FORCES NO

INFORMANT MARK AMADOR

RELATIONSHIP SON

ADDRESS 2250 TOSCANO DR, MANTEGA CA, 95337

CAUSE OF DEATH

A COLON CANCER

INTERVAL 6 YEARS

B

INTERVAL

C

INTERVAL

D

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CHRONIC RESPIRATORY FAILURE AND RECENT PNEUMONIA

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 HOME

FACILITY OR ADDRESS 5011 KINGSWAY

CITY, STATE, ZIP ANACORTES, WASHINGTON 98221

RESIDENCE STREET 5011 KINGSWAY

CITY, STATE, ZIP ANACORTES, WA 98221

INSIDE CITY LIMITS YES COUNTY SKAGIT

TRIBAL RESERVATION NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE 12 YEARS

FATHER PAUL E JOHNSON

MOTHER LILLIAN V

METHOD OF DISPOSITION BURIAL

PLACE OF DISPOSITION GAR SNOHOMISH CEMETERY

CITY, STATE SNOHOMISH, WASHINGTON

DISPOSITION DATE JUNE 26, 2019

FUNERAL FACILITY EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS 1105 32ND STREET

CITY, STATE, ZIP ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR JOHN HAAS

MANNER OF DEATH NATURAL

AUTOPSY NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH YES

PREGNANCY STATUS IF FEMALE NO RESPONSE

CERTIFIER NAME LESLIE A. ESTEP, MD

TITLE PHYSICIAN

CERTIFIER ADDRESS 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP MOUNT VERNON, WA 98273

DATE SIGNED JUNE 19, 2019

CASE REFERRED TO ME/CORONER NO

FILE NUMBER NOT APPLICABLE

ATTENDING PHYSICIAN NOT APPLICABLE

LOCAL DEPUTY REGISTRAR ISABEL M. CARBAJAL

DATE RECEIVED JUNE 21, 2019



Affidavit for Correction

03/25/2020 03:48 PM
 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
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Required	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 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

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:

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 forgoing 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

- 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 name to be 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 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

*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.

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- 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

CERTIFIED

DEC 03 2019

H. Leibrand

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

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



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