

**WHEN RECORDED RETURN TO:**

Joanne Angel  
140 Lakeside Avenue, Suite A25  
Seattle, WA 98122

**LAND TITLE AND ESCROW**

01-178893-OE, 01-178893-OE

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
STATE OF WASHINGTON

**GRANTEE:**  
Angel, Margie

**ABBREVIATED LEGAL DESCRIPTION:**  
Ptn SE ¼ SW ¼, 33-33-4

**TAX PARCEL NUMBER(S):**  
330433-3-014-0006, P17722

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-052108

DATE ISSUED: 01/27/2020  
FEE NUMBER: 104149281

FIRST AND MIDDLE NAME(S): MARGIE  
LAST NAME(S): ANGEL

COUNTY OF DEATH: KING  
DATE OF DEATH: NOVEMBER 26, 2019  
HOUR OF DEATH: 08:05 PM  
SEX: FEMALE AGE: 95 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: OVERLAKE HOSPITAL MEDICAL CENTER  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

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

RESIDENCE STREET: 10650 NE 9TH PL  
CITY, STATE, ZIP: BELLEVUE, WA 98004  
INSIDE CITY LIMITS: YES COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE:  
BIRTHPLACE: SEATTLE, WA

FATHER: SAMUEL NAHMIA  
MOTHER: VICTORIA

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: SEATTLE SEPHARDIC BROTHERHOOD  
CEMETERY  
CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: NOVEMBER 29, 2019

OCCUPATION: FLORIST  
INDUSTRY: FLORAL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

FUNERAL FACILITY: SEATTLE JEWISH CHAPEL

INFORMANT: JOANNE ANGEL  
RELATIONSHIP: DAUGHTER  
ADDRESS: 140 LAKESIDE AVE A25 SEATTLE, WA 98122

ADDRESS: 5145 S. MORGAN ST.  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98118  
FUNERAL DIRECTOR: ROSS KLING

CAUSE OF DEATH:

- A: FAILURE TO THRIVE WITH RECURRENT URINARY TRACT INFECTIONS AND DEHYDRATION  
INTERVAL: MONTHS
- B:  
INTERVAL:
- C:  
INTERVAL:
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VALVULAR HEART DISEASE,  
NEPHROSCLEROSIS, REMOTE CEREBRAL INFARCT

MANNER OF DEATH: NATURAL  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: UNKNOWN  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: BRIAN S. MAZRIM, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER  
CITY, STATE, ZIP: SEATTLE, WA 98104  
DATE SIGNED: NOVEMBER 27, 2019

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 19-2444  
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN  
DATE RECEIVED: NOVEMBER 27, 2019

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

State File Number	Fee Number	STATE OFFICE USE ONLY		Initials	Date	Affidavit Number
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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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:**

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 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](http://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 using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

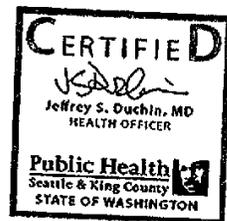
**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

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

DOH 422-034 January 2015



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