

**Return Address:**

Stephen C. Schutt  
Attorney at Law  
P.O. Box 1032  
Anacortes, WA 98221



**202007130136**

07/13/2020 01:58 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

**Document Title:**

DEATH CERTIFICATE

**Reference Numbers** (if applicable):

**Grantor(s):** ☐ additional Grantor names on page \_\_\_\_

1. RUTH WITHSTANDLEY (Deceased)

**Grantee(s):** ☐ additional Grantee names on page \_\_\_\_

1. DAVE WITHSTANDLEY, a single man

**Abbreviated Legal Description:** ☒ full legal on page 2

Lot(s): 7 & 8 AND PTN LOT 6 BLK 133

**Assessor Parcel/Tax ID Number:** ☐ additional parcel numbers on page \_\_\_\_

P55865/3772-133-008-0019

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2020 2569  
JUL 13 2020

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HB Deputy

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-028148

DATE ISSUED: 06/23/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RUTH FRANCES  
LAST NAME(S): WITHSTANDLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 18, 2020  
HOUR OF DEATH: 08:30 PM  
SEX: FEMALE AGE: 93 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SHREWSBURY, MA

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: DAVID WITHSTANDLEY  
RELATIONSHIP: SON  
ADDRESS: 1515 - 6TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: Cerebrovascular accident  
INTERVAL: 1 DAY  
B: Cardiac thromboembolism  
INTERVAL: 1 DAY  
C: Atrial fibrillation  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ST-ELEVATION MYOCARDIAL INFARCTION

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: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1515 - 6TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER: PERCY RAYMOND HARTWICK  
MOTHER: ANTONINA LENA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JUNE 24, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
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: JEFFREY W. MILLER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: JUNE 22, 2020

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JUNE 22, 2020



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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### Required information must match current information on record

Required	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:		
	First	Middle	Last	MM/DD/YYYY (City or County)		
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
	First	Middle	Last/Maiden	First	Middle	Last/Maiden
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:

PO Box or Street Address	City	State	Zip
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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:	Printed name:
Date:	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

- 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

#### 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.

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 (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.

**\*CERTIFIED\***

JUN 23 2020

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



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