

Names of All Heirs of the Decedents

3. That all the heirs at law and next of kin of the decedents that were living at the time of the Decedents' deaths are listed below. Heirs at law and next of kin of decedents include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedents).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Barbara J. Backstrom 645 Pole Rd Ferndale, WA 98248	legal	daughter
Mary D. Backstrom 1008 Clugston Onion Crk Rd Colville, WA 99114	legal	daughter
Gene Backstrom 940 Baleen Ave Kenai, AK 99611	legal	son
Carlann Stall 201 Casa De Loma Sutherlin, OR 97479	legal	daughter
Glenn Backstrom 29567 E Elk Run Drive Sedro Woolley, WA 98284	legal	son
Amanda Hall 23116 Hoogdal Rd Sedro Woolley, WA 98284	legal	daughter

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

DATED: 6-30, 2020

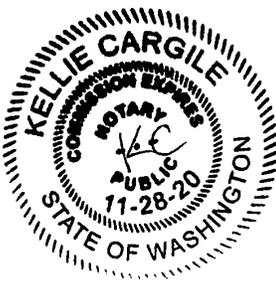
Amanda Hall
Amanda Hall - Affiant

STATE OF Washington)
COUNTY OF Skagit) ss.

On this day personally appeared before me **Amanda Hall** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30 day of June, 2020.

Kellie Cargill
Notary Public in and for the State of Washington
residing at 801 Trail Rd, Sedro-Woolley
My appointment expires 11-28-20



UNOFFICIAL DOCUMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **10-09** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix 2. Death Date
GENE WAYNE BACKSTROM **Jan 5, 2009**

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
Male **80** Months Days Hours Minutes **[REDACTED]** **Skagit**

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
[REDACTED] **Everett** **Washington** **GED**

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? Yes
No **Caucasian** **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.) 13b. City or Town
1721 Township Street **Sedro-Woolley**

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
Skagit **Washington** **98284** Yes No Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
60 yrs **Married** **Lois Anderson**

17. Usual Occupation (Indicate time of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
Assembly Supervisor **Steel Production**

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name (First, Middle, Last)
Carl Backstrom **Vera [REDACTED]**

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Lois Backstrom **Wife** **1721 Township Street Sedro-Woolley, WA 98284**

24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:
Long Term Care Facility

25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
Home Place **Burlington** **WA** **98233**

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation **Mount Vernon Cemetery Crematory** **Mount Vernon, WA**

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Lemley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284 **Jan 7, 2008**

33. Funeral Director Signature
[Signature]

Part 1 completed by Funeral Director

Part 2 completed by Certifier

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **Cardiac Arrhythmia** Due to (or as a consequence of): **10 minutes** Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. **Myocardial Infarct** Due to (or as a consequence of): **1 hour** Interval between Onset & Death

c.
 Interval between Onset & Death

d.
 Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Alzheimers dementia** 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated **Edwin Stickle MD** 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)
Edwin Stickle, MD 1990 Hospital Dr Ste 100 Sedro-Woolley, WA 98284 **1250 hrs**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
[REDACTED] **January 6, 2009**

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?
Physician **[REDACTED]** **NJA-016** Yes No

57. Registrar Signature 58. Date Received (mm/dd/yyyy)
Corinne Anderson, Deputy **JAN - 7 - 2009**

59. Amendments





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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:		17. Address:
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof:				
Certificate of Naturalization		Medical Record		School Record
Hospital Records		Military Record (DD-214)		Voter's Registration Card (if it bears an effective date)
Insurance Records		Birth Record		Alien Registration Card (front and back)
Marriage/Divorce Records		Passport		
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:				
- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.				
- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.				
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 07 2009

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

QQ00315156

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-054516

DATE ISSUED: 12/19/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOIS EDITH
LAST NAME(S): BACKSTROM

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: [REDACTED]

HOUR OF DEATH: 09:30 AM

SEX: FEMALE AGE: 90 YEARS

SOCIAL SECURITY NUMBER: 538-26-2643

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: GLENN BACKSTROM

RELATIONSHIP: SON

ADDRESS: 29567 EAST ELK RUN DRIVE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: MYOCARDIAL INFARCTION

INTERVAL: DAYS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: HYPERTENSION

INTERVAL: YEARS

D: CHRONIC LUNG DISEASE

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: HIGH CHOLESTEROL

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: 1721 TOWNSHIP STREET

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1721 TOWNSHIP STREET

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 90 YEARS

FATHER: JOHN ANDERSON

MOTHER: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 13, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: KIMM I. LAYLAND, PAC

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: DECEMBER 12, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA# 19SK0394

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 13, 2019



Affidavit for Correction

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

Washington State Department of Health
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (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)
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: PO Box or Street Address, City, State, Zip

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: 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

- 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
*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

- 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



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

CERTIFIED

DEC 19 2019

Signature of Howard Leibrand M.D., Health Officer



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