



202007220105

07/22/2020 03:07 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE(S): WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR: STATE OF WASHINGTON

GRANTEE: WILLIAM CHOMIAK (Deceased)

LEGAL DESCRIPTION:

Parcel A:

TPN: 350511-1-004-0005 (P38859) 350511-1-004-0100 (P128184)

(1.1000 ac) portion AND a (18.9000 ac) CU TMB #99-0701 AF#200108090002 2001 portion of : W 1/2 NE 1/4 NE 1/4, Section 11, Township 35 North, Range 5 East, W.M. also known as a portion of Lot 65 of Bacus Hill survey described as follows: beginning at the SW corner of the above parcel; thence North along the West line of said parcel, 450 Feet; thence East, 243 Feet to the true point of beginning; thence continue East, 219 Feet; thence North, 219 Feet; thence West, 219 Feet to the North of the true point of beginning; thence South, 219 Feet to the true point of beginning.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 784-05		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix William (nmi) Chomiak		2. Death Date Oct 10, 2005			
3. Sex (M/F) M	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	6. County of Death Skagit	
7. Birthplace (City, Town, or County) Passaic		8b. (State or Foreign Country) New Jersey		9. Decedent's Education Associate of Arts Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 931 Maple Avenue, #5				13b. City or Town La Conner	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
14. Estimated length of time at residence. 3 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Sandra Diane	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Landscape Gardener				18. Kind of Business/Industry (Do not use Company Name) Lawn Care	
19. Father's Name (First, Middle, Last, Suffix) Teodor (nmi) Chomiak			20. Mother's Name Before First Marriage (First, Middle, Last) Helena nee Kovalakova		
21. Informant's Name Sandra D. Chomiak		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P. O. Box 746 Conway, WA 98238	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 931 Maple Avenue, #5				26a. City, Town, or Location of Death La Conner	
26b. State WA				27. Zip Code 98257	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Tahoma National Cemetery		30. Location-City/Town, and State Kent, WA	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel 1105-32nd Street Anacortes, WA 98221				32. Date of Disposition Oct 17, 2005	
33. Funeral Director Signature X Leonard J. Williams					
Cause of Death (See Instructions and examples) 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. Probable Acute Myocardial Infarction		Interval between Onset & Death minutes	
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. Coronary Artery Disease		Interval between Onset & Death years	
c.		Due to (or as a consequence of):		Interval between Onset & Death	
d.		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Bypass Graft 1997, Hyperlipidemia				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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				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) Daniel Dempsey, Deputy Coroner PO Box 1306 Mt. Vernon, WA 98273				50. Hour of Death (24hrs) Early AM Hours	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) Oct 10, 2005	
53. Title of Certifier Deputy Coroner		54. License Number 150-05		55. ME/Coroner File Number 150-05	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature Connie Anderson, Deputy	
58. Date Received (mm/dd/yyyy) OCT 14 2005				59. Amendments	



DOH/CHS 003 Rev 2/06/2004

DOH-01-003 (5/99)



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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 foregoing is true and correct.																				
15. Signature:		16. Date:		17. Address:																
<p>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.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table border="0"> <tr> <td>Examples of documentary proof:</td> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td></td> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td></td> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td></td> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					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	
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<p>Birth Certificates:</p> <ol style="list-style-type: none"> Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 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. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> - 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. 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). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) 																				
<p>Death Certificates:</p> <ol style="list-style-type: none"> Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. 																				
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> 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. 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

OCT 14 2005

H. Librand
Skagit County Public Health Department
Howard Librand M.D., Health Officer

NN00558179