



202007230148

07/23/2020 04:05 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Document Title:

DEATH CERTIFICATE

Reference Number : AF 199601040034 - CPA / AF 201410220021 - TODD

Grantor(s):

☐ additional grantor names on page ____.

1. BARBARA A LIENESCH

2.

Grantee(s):

☐ additional grantee names on page ____.

1. SUSAN A LIENESCH

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LOTS 13 AND 14, BLOCK 175, CITY OF ANACORTES, AS PER PLAT RECORDED IN VOL. 2
OF PLATS, PAGE 4, RECORD OF SKAGIT COUNTY NOT INCLUDING ANY PORTION OF
THE VACATED ALLEY

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P56110

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20202759
JUL 23 2020

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-030071

DATE ISSUED: 07/06/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARBARA ANN

LAST NAME(S): LIENESCH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 30, 2020

HOUR OF DEATH: 03:40 AM

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: 300-30-8490

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: NOVEMBER 04, 1935

BIRTHPLACE: GIRARD, OH

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: SUSAN A LIENESCH

RELATIONSHIP: DAUGHTER

ADDRESS: 2014 - 9TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: 3 DAYS

B: CONGESTIVE HEART FAILURE

INTERVAL: 4 YEARS

C: ATRIAL FIBRILLATION

INTERVAL: 4 YEARS

D: HYPERTENSION

INTERVAL: 15 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBRAL VASCULAR
ACCIDENT, HYPERLIPIDEMIA, CHRONIC KIDNEY DISEASE STAGE 3, MORBID
OBESITY

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: SOUNDVIEW CARE AND REHAB CENTER

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2014 - 9TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: CLYDE STALEY

MOTHER: VIOLET MARIE TWYFORD

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JULY 05, 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: NO

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: PAULA SCHAEFER, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600

CITY, STATE, ZIP: TACOMA, WA 98402

DATE SIGNED: JULY 03, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: PAULA SCHAEFER

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JULY 03, 2020



Affidavit for Correction

07/23/2020 04:05 PM Page 3 of 3
 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: 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) First Middle Last Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Maiden	
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: PO Box or Street Address City State Zip			
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Telephone Number: ()	Email Address:
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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 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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
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- *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 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

JUL 06 2020

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



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