

202009160125

09/16/2020 04:25 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

Document Title:

Certificate of Death for Ruby Jane Parker

Reference Number : 2018-051818 *AF # 2016 10200002*

Grantor(s):

additional grantor names on page \_\_\_

1. *Ruby Jane Parker*

2.

Grantee(s):

additional grantee names on page \_\_\_

1. *Amy E Collins*

2. *Shane P. Collins*

Abbreviated legal description:

full legal on page(s) \_\_\_

*LOT 1 OF SHORT PLAT # 96-098 AF # 9704220123  
LOCATED IN NE 1/4 NW 1/4*

Assessor Parcel / Tax-ID Number:

additional tax parcel number(s) on page \_\_\_

*P# 111521*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*2020 3709*  
SEP 16 2020

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-051818

DATE ISSUED: 12/10/2018

FEE NUMBER: 311218

FIRST AND MIDDLE NAME(S): RUBY JANE  
LAST NAME(S): PARKER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 22, 2018  
HOUR OF DEATH: 04:45 PM  
SEX: FEMALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: 519-50-8671

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

BIRTH DATE: SEPTEMBER 26, 1945  
BIRTHPLACE: HUTCHINSON, KS

MARITAL STATUS: DIVORCED  
SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTHCARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: AMY ELIZABETH COLLINS  
RELATIONSHIP: DAUGHTER  
ADDRESS: PO BOX 857, LYMAN, WA 98263

## CAUSE OF DEATH:

- A: HYPOXIA  
INTERVAL: HOURS  
B: RESPIRATORY SUPPRESSION  
INTERVAL: DAYS  
C: GENERALIZED WEAKNESS  
INTERVAL: DAYS  
D: AMYOTROPHIC LATERAL SCLEROSIS  
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CERVICAL RADICULOPATHY,  
DYSPHAGIA, AND PITUITARY TUMOR

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

LOCATION OF INJURY: 1400 E KINCAID STREET

CITY, STATE, ZIP: MT.VERNON 98274  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 8112 EMMANUEL LANE  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 8112 EMMANUEL LANE  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: JACOB REIMER DOERKSEN  
MOTHER/PARENT: MARTHA NEUFELD

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: NOVEMBER 29, 2018

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

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: KIMM I. LAYLAND, PAC  
TITLE: PHYSICIAN ASSISTANT  
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
DATE SIGNED: NOVEMBER 28, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 29, 2018



# Affidavit for Correction

Center for Health Statistics  
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 information must match current information on record

<b>Required</b>	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 <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 \_\_\_\_\_

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 2 <sup>nd</sup> 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

- 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
- |  |  |
|--|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
|--|--|
- \*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.

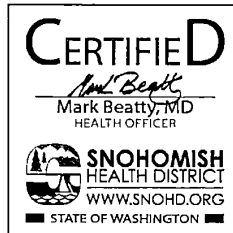
#### Marriage/Dissolution (Divorce) Certificates

- 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.



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