

202101140078

01/14/2021 02:12 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021178
JAN 14 2021

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

Document Title:
DEATH CERTIFICATE

Reference Number : AF198501310002

Grantor(s): ☐ additional grantor names on page ____.

1. FLOSSIE LEE STAILEY (DECEASED)

2.

Grantee(s): ☐ additional grantee names on page ____.

1. RICHARD W STAILEY

2.

Abbreviated legal description: ☐ full legal on page(s) ____.

LOT 56 SAMISH RIVER PARK DIV 1 AS PER PLAT RECORDED IN VOL.9 OF PLATS
PAGES 43 AND 44 REC OF SKAGIT CO

includes m/h NEW MOON
51X24

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page ____.

P68742

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-052207

DATE ISSUED: 11/16/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): FLOSSIE LEE

LAST NAME(S): STAILEY

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 07, 2020

HOUR OF DEATH: 09:40 PM

SEX: FEMALE

AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: TULSA, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RICHARD STAILEY

OCCUPATION: SALES CLERK

INDUSTRY: RETAIL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: RICHARD STAILEY

RELATIONSHIP: HUSBAND

ADDRESS: 18794 FISHERMANS LOOP, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: MINUTES

B: PULMONARY EMBOLISM

INTERVAL: HOURS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 18794 FISHERMANS LOOP

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 49 YEARS

FATHER: FREDERICK L KLINTWORTH

MOTHER: LEATH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 12, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ABHINAV SINGLA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: NOVEMBER 10, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: NOVEMBER 12, 2020

Affidavit for Correction

01/14/2021 02:42 PM Page 3 of 3
 MCHS 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 |
|-------------------|------------|----------|------|------------------|

| | | | | |
|---|--------|-------------------|---|--------------------|
| 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: | | 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 currently shows:****The true fact is:**

| | |
|-----|-----|
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

| | |
|-----------------|---|
| 14a. Signature: | 14b. Signature of 2 nd parent (if required): |
| Printed name: | Printed name: |
| Date: | Date: |

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

CERTIFIED

NOV 16 2020

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



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