

After Recording
Return to

Corrine Mae Hyatt
7445 Avalon Heights Way
Sedro-Woolley, WA 98284

RECORDING COVERSHEET

Document Title: Death Certificate
Grantor: State of Washington
Grantee/Deceased: Mattie Ethel Miller aka Ethel Miller

Tax Parcel: P36380

Abbr. Legal: Tr 3. Rev. SP 70-80 a portion of the E1/2 SW ¼
of Sec. 13, Twp 35 N., R. 4 E., W.M.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-005902

DATE ISSUED: 02/11/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **MATTIE ETHEL**
LAST NAME(S): **MILLER**

AKA: **ETHEL MILLER**

AKA:

AKA:

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **FEBRUARY 09, 2020**
HOUR OF DEATH: **02:30 AM**
SEX: **FEMALE** AGE: **86 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **NURSING HOME/LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **WHERE THE HEART IS**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98284**

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

RESIDENCE STREET: **410 NORRIS STREET**
CITY, STATE, ZIP: **BURLINGTON, WA 98233**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **2 YEARS**

BIRTH DATE: [REDACTED]
BIRTHPLACE: **CABANAL, AR**

FATHER: **CLIFFORD HITTSON**
MOTHER: **MA [REDACTED]**

MARITAL STATUS: **WIDOWED**
SURVIVING SPOUSE: **NOT APPLICABLE**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**

OCCUPATION: **CUSTOMER SERVICE REPRESENTATIVE**
INDUSTRY: **BANKING**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 10, 2020**

INFORMANT: **CORRINE M HYATT**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **7445 AVALON HEIGHTS WAY, SEDRO WOOLLEY, WA 98284**

FUNERAL FACILITY: **LEMLEY CHAPEL**
ADDRESS: **1008 THIRD ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
FUNERAL DIRECTOR: **RICK B. LEMLEY**

CAUSE OF DEATH:
A: **VASCULAR DEMENTIA**
INTERVAL: **YEARS**
B: **CEREBROVASCULAR DISEASE**
INTERVAL: **YEARS**
C: **HYPERTENSION**
INTERVAL: **YEARS**
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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**

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

CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **FEBRUARY 10, 2020**

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **FEBRUARY 10, 2020**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 01/21/2021 02:34 PM Page 2 of 2 Statistics

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

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: 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: 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 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 *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 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

CERTIFIED

FEB 11 2020

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



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



0 3 8 0 1 5 3 9

Return Address:
Corinne M. Hyatt
7445 Avalon Heights Way
Sedro-Woolley, WA 98284

AFFIDAVIT (LACK OF PROBATE)

GNW JM 2149

The undersigned affiant/grantee ^{Mae} Corinne A Hyatt, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is daughter
Relationship to decedent
of Mattie Ethel Miller, aka Ethel Miller, who died on 02/09/2020
Decedent/Grantor *Date*
at Burlington Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Tract 3 of Short Plat No. 70-80, a portion of the East 1/2 of the Southwest 1/4 of
Section 13, Township 35 North, Range 4 East, W.M.

Assessor's Property Tax Parcel/Account Number: P36380
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Mae
Corinne A Hyatt, legal age, daughter, 7445 Avalon Heights Way

Sedro Woolley, WA 98284

Full name, age, relationship, address

Dated : January 20, 2021

Corrinne Mae Hyatt
Affiant's full name

Telephone number

Street

City State Zip Code

Corrinne Mae Hyatt
Signature

1/20/2021
Date

State of WA County of Skagit

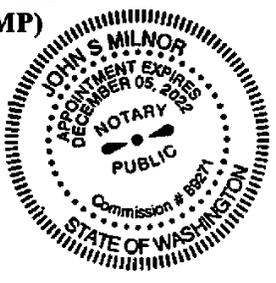
I know or have satisfactory evidence that Corrinne Mae Hyatt
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1/20/2021

John S. Milnor
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 12/05/2022

Tract 3 of Revised Short Plat No. 70-80 approved July 3, 1980 and recorded July 7, 1980 as Auditor's File No. 8007070001, in Volume 4 of Short Plats, Page 126, and as revised by Affidavit to Correct Property Description, as recorded as Auditor's File No. 8010240021, records of Skagit County, Washington; being a portion of the East ½ of the Southwest ¼ of Section 13, Township 35 North, Range 4 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across the West 20 feet of Tract 2 of said Short Plat No. 70-80.

EXCEPT from all of the above that portion thereof lying within the boundaries of Tract 2 of Short Plat No. 80-78, approved November 1, 1978 in Volume 3 of Short Plats, page 38, records of Skagit County, Washington.

SUBJECT TO MATTERS OF RECORD.

UNOFFICIAL DOCUMENT