

LAND TITLE AND ESCROW
01-180320-O

Document Title:

Death Certificate

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. Van Valkenburg, James Arthur

2.

Grantee(s):

☐ additional grantee names on page ____.

1. State of WA

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Lot 45, Skyline No. 3.

Assessor Parcel / Tax ID Number:

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

P59150

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-048346

DATE ISSUED: 11/13/2017
FEE NUMBER:FIRST AND MIDDLE NAME(S): JAMES ARTHUR
LAST NAME(S): VAN VALKENBURGCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 09, 2017
HOUR OF DEATH: 01:40 PM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: LONG PRAIRIE, MNMARITAL STATUS: MARRIED
SPOUSE: MARY INEZ STEWARTOCCUPATION: ENGINEER
INDUSTRY: NASA
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YESINFORMANT: MARY I VAN VALKENBURG
RELATIONSHIP: WIFE
ADDRESS: 5104 STERLING DRIVE, ANACORTES, WA 98221CAUSE OF DEATH:
A: HEMORRHAGIC STROKE
INTERVAL: LESS THAN 10 DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ATRIAL FIBRILLATION,
ESSENTIAL HYPERTENSION, HYPERLIPIDEMIA, HISTORY OF MYOCARDIAL
INFARCTIONDATE 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

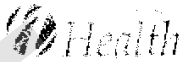
PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF MOUNT VERNON
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273RESIDENCE STREET: 5104 STERLING DRIVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER/PARENT: ARTHUR RUSSELL VAN VALKENBURG
MOTHER/PARENT: VENITAMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: NOVEMBER 13, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1165 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAMMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: GILSON R. GIROTTO, DO
TITLE: DO
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: NOVEMBER 12, 2017CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: NOVEMBER 13, 2017

Affidavit for Correction

01/22/2021 12:10 PM Page 3 of 3 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
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Required information must match current information on record

Required	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: _____
	4. Father/Parent Full Legal 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parents <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify): _____

7. Return Mailing Address: _____

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 foregoing is true and correct

15a. Signature: _____ 15b. 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

- 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

- 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, 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). The informant may change marital status with proof. 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 October 2013

CERTIFIED

NOV 13 2017

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

Certification not valid unless the Seal of the State of Washington is signed and notarized as required.



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