



202102040046

02/04/2021 09:33 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

File for record and return to:
Stiles Law Inc., P.S.
P. O. Box 228
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-398
JAN 29 2021

Amount Paid \$ 0
By Skagit Co. Treasurer Deputy

DOCUMENT TITLE:	Death Certificate
Reference Document:	Gift Deed for Life Estate – AF#201408280036
Grantor(s):	Eli John Ramos
Grantee(s):	Mike Janicki & Lisa Janicki
Abbreviated legal:	First Addtn to Sedro, Block 43, all Lots 3-6 & W ½ Lot 7
Parcel / Tax ID Number:	P101990 / 4150-043-007-0001

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-001507

DATE ISSUED: 01/14/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELI JOHN
LAST NAME(S): RAMOS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 13, 2021
HOUR OF DEATH: 02:15 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: JONES PHILIPPINES

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS MANAGER
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: LISA MARIE JANICKI
RELATIONSHIP: NIECE
ADDRESS: 810 TALCOTT STREET, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: LEWY BODY DEMENTIA
INTERVAL: YEARS

B: INTERVAL:
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 925 DUNLOP AVE.
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: GETULIO RAMOS
MOTHER: FROILANA [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 14, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 13, 2021

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 14, 2021

Affidavit for Correction

02/04/2021 09:33 AM Page 2 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
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 Person on Record:		<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 foregoing 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:				
<ul style="list-style-type: none"> • 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				
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. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
Child under 18				
<ul style="list-style-type: none"> • 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. 				
<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 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				
1. 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.				
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 proof documentation.				
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.				



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

CERTIFIED

JAN 14 2021

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



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