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03/17/2021 01:51 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018 4455  
OCT 08 2018

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

Document Title:

Death Certificate

Reference Number (if applicable):

Grantor(s):  additional grantor names on page

- 1) Washington State of
- 2)

Grantee(s):  additional grantor names on page

- 1) Edwin Jacob Rogers
- 2)

Abbreviated Legal Description:  full legal on page(s)

West 10 acres east 10 acres of  
SE NW 16134102

Assessor Parcel /Tax ID Number:  additional parcel numbers on page

P 25648

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-034027

DATE ISSUED: 08/24/2016

FEE NUMBER: 000000029

GIVEN NAMES: EDWIN JACOB  
LAST NAME: ROGERS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 21, 2016  
HOUR OF DEATH: 08:45 A.M.  
SEX: MALE  
AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: NANCY CRADOCK

OCCUPATION: JOINER/PLUGGER  
INDUSTRY: WOOD WORKING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: NANCY ROGERS  
RELATIONSHIP: WIFE  
ADDRESS: 2801 EAST COLLEGE WAY MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2801 EAST COLLEGE WAY  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2801 EAST COLLEGE WAY  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER/PARENT: EDWIN GEORGE ROGERS  
MOTHER/PARENT: EVA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: ST. PETER CATHOLIC CEMETERY  
CITY, STATE: SUMAS, WA  
DISPOSITION DATE: AUGUST 26, 2016

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: 1825 E. COLLEGE WAY  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:

- A. ACUTE ON CHRONIC CONGESTIVE HEART FAILURE  
INTERVAL: CHRONIC  
B. CORONARY ARTERY DISEASE S/P CORONARY ARTERY BYPASS GRAFT  
INTERVAL: CHRONIC  
C. VALVULAR DISEASE S/P TRANSCATHETER AORTIC VALVE REPLACEMENT  
INTERVAL: CHRONIC  
D. HYPERTENSION  
INTERVAL: CHRONIC

OTHER CONDITIONS CONTRIBUTING TO DEATH:

PATIENT ALSO HAD A HISTORY OF CHRONIC RENAL FAILURE WHICH MADE IT DIFFICULT TO MANAGE CONGESTIVE HEART FAILURE, AS WELL AS A PACEMAKER DUE TO COMPLETE HEART BLOCK AND SEVERE MITRAL REGURGITATION.

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL

AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HEATHER KINSEL EVANS, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: AUGUST 22, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: AUGUST 23, 2016



# Affidavit for Correction

03/17/2021 01:51 PM  
Washington State Department of 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**

**Required**

Record Type:  Birth  Death  Marriage  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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

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

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, 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). 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.
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.

DOH 422-034 October 2015

**\*CERTIFIED\***  
 AUG 24 2016  
 Skagit County Health Department  
 Howard Librand M.D., Health Officer

GG00094748