202103190150
03/19/2021 02:42 PM Pages: 1 of 3 Fees: $41.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Gary R. Santiago
3006 Meridian Court
Anacortes WA 98221

Land Title & Escrow
02-183344-SE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
DECEASED PARTY

ABBREVIATED LEGAL DESCRIPTION:

Lot 1, SP ANA-94-003, Vol 12, Pgs 78 & 79, (NW NW, 27-35-1 E W.M.)

TAX PARCEL NUMBER(S):

350127-2-004-0700; P108678

LPB 01-05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-007108

DATE ISSUED: 04/30/2013

FEE NUMBER: 0000000029

GIVEN NAMES: CARMEN ELISA
LAST NAME: SANTIAGO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 19,2013
HOUR OF DEATH: 07:10 P.M.
SEX: FEMALE
AGE: 86 YEARS
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE:
BIRTHPLACE: SAN JUAN, PUERTO RICO

MARITAL STATUS: MARRIED
SPOUSE: ROBERT SANTIAGO

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: GARY SANTIAGO
RELATIONSHIP: SON
ADDRESS: 3006 MERIDIAN CT, ANACORTES, WA 98221

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROSARIO ASSISTED LIVING
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3002 MERIDIAN CT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: LUIS FERRERAS
MOTHER: JOSEFA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: APRIL 23,2013

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A. ENDOMETRIAL CANCER, METASTATIC
INTERVAL: 17 MONTHS
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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: FRANKLIN E. BJORSETH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2511 M AVENUE, SUITE A
CITY,STATE,ZIP: ANACORTES WA 98221
DATE SIGNED: APRIL 22,2013

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA #240
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NAME

NUMBER(S): 2013062610
DATE(S): 04/30/2013
0

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 22,2013

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Health

Affidavit for Correction

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

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:
2. Date of Event:
3. Place of Event: (City or County)
4. Father's Full Name (For Birth) (Husband for Marriage or Dissolution)
5. Mother's Full Maiden Name (For Birth) (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)

Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:
- Certificate of Naturalization
- Hospital /Medical Record
- Life Insurance Policy
- Marriage/Divorce Record
- Numident Report (Social Security Administration)
- Military Record (DD214)
- Birth Record
- Passport
- School Transcripts (Official)
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)
- We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Child (under 18)
   - Only parent(s) or legal guardian can change the birth certificate.
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
   - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
   - Parents may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
   - To correct birth date, place of birth or parent's information, one documentary proof is required.

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate.
   - If the first or middle name is absent, three pieces of documentary proof are required.
   - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
   - To correct birth date, place of birth or parent's information, one documentary proof is required.
   - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant, marriage, or clerk of court (dissolution) must sign the affidavit.

DOH 422-??? (Rev. January 2012)

CERTIFIED

APR 30 2013

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

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