



**202103260125**

03/26/2021 02:37 PM Pages: 1 of 4 Fees: \$42.00  
Skagit County Auditor

Document Title:

DEATH CERTIFICATE for REVOCABLE TRANSFER ON DEATH DEED on 2/17/2017

Reference Number : Skagit County Auditor's No. 201702170076

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. LOIS M. BENSON, aka, LOIS M. McPHERSON, a single deceased person

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. DANA M. McPHERSON, a single woman

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

BROADVIEW ADD TO ANA. TR 65

Assessor Parcel / Tax ID Number:

3777-000-065-0007 / P56980

☒ additional tax parcel number(s) on page 2.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-1289/1288

**MAR 26 2021**

Amount Paid \$ 0  
By BT Skagit Co. Treasurer Deputy

**Page 2**

**ADDITIONAL PARCEL**

Address:

1428 29<sup>th</sup> Street, Anacortes, Washington 98221

Abbreviated Legal Description:

UNIT 202W, MOUNTAIN VIEW CONDO PHASE 1. AF#9502160027

Assessor Parcel / Tax ID Number:

4648-000-102-0001 / P107127

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-057706

DATE ISSUED: 01/03/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOIS MAE

LAST NAME(S): BENSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 28, 2019

HOUR OF DEATH: UNKNOWN

SEX: FEMALE AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CLEAR LAKE, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MANAGER

INDUSTRY: NON-PROFIT ORGANIZATIONS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DANA MCPHERSON

RELATIONSHIP: DAUGHTER

ADDRESS: 3803 - M AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: HOURS

B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE

INTERVAL: YEARS

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: HOME

FACILITY OR ADDRESS: 1428 - 29TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1428 - 29TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: NILS ARVED JOHNSON

MOTHER: HELGA SOPHIA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JANUARY 04, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JAMES M. ABBEY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: JANUARY 02, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA 19SK0415

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JANUARY 03, 2020



## Affidavit for Correction

03/26/2021 02:37 PM Page 4 of 4

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

 Main Office: Department of Health & Statistics  
 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:		
	First	Middle	Last	MM/DD/YYYY ( ) ( ) ( )	( ) ( ) ( )	
	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital						
Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)						
7. Return Mailing Address:						
PO Box or Street 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:	Printed name:
Date:	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

- 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

\*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.

## 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

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). 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 January 2015



\*CERTIFIED\*

JAN 03 2020

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


0 3 2 6 7 1 2 3

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