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Puget Law  
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US Bank Centre  
1420 Fifth Avenue, Suite 3000  
Seattle, Washington 98101

**DEATH CERTIFICATE OF BETTY MORRIS BROOKS**

**Reference numbers of related documents:** None

**Grantor:**

1. Betty Morris Brooks

**Grantees:**

1. Betty Morris Brooks

**Date of Document:** January 17, 2018

**Legal Description:**

LOT 31, BLOCK A, PLAT OF CAPE HORN ON THE SKAGIT, AS RECORDED IN VOL. 8, PAGES 92 TO 97 INCL. OF PLATS, RECORDS OF SKAGIT COUNTY.

SUBJECT TO: (A) RESTRICTIONS, RESERVATIONS, AGREEMENTS AND EASEMENTS OF RECORD INCLUDING THOSE SHOWN ON THE FACE OF SAID RECORDED PLAT  
(B) USE OF SAID PROPERTY FOR RESIDENTIAL PURPOSES ONLY.  
(C) QUESTIONS THAT MAY ARISE DUE TO SHIFTING OF SKAGIT RIVER.  
(D) THE CHARGES AND ASSESSMENTS AS PROVIDED FOR IN, AND FOR THE PURPOSES SET FORTH IN THE ARTICLES OF INCORPORATION AND THE BY-LAWS OF CAPE HORN MAINTENANCE CO.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

**Assessor's Property Tax Parcel Account Number:** P62885

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-002610

DATE ISSUED: 08/14/2020

FEE NUMBER: 112594857

FIRST AND MIDDLE NAME(S): BETTY MORRIS  
LAST NAME(S): BROOKSCOUNTY OF DEATH: KING  
DATE OF DEATH: JANUARY 17, 2018  
HOUR OF DEATH: 03:48 PM  
SEX: FEMALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: BLACKBIRTH DATE: [REDACTED]  
BIRTHPLACE: BARNESVILLE, NCMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: LAURICE GENE BROOKSOCCUPATION: ACCOUNT  
INDUSTRY: POSTAL SERVICE  
EDUCATION: NO DIPLOMA, 8TH - 12TH GRADE  
US ARMED FORCES: NOINFORMANT: LAURICE GENE BROOKS  
RELATIONSHIP: HUSBAND  
ADDRESS: 26208 SE 200TH STREET MAPLE VALLEY, WA 98038CAUSE OF DEATH:  
A: CANCER OF BILIARY TRACT  
INTERVAL: WEEKS  
B: MALIGNANT LIVER METASTASES, HEPATIC FAILURE  
INTERVAL: WEEKS  
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

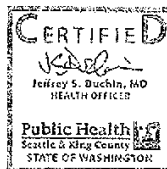
PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 26208 SE 200TH STREET  
CITY, STATE, ZIP: MAPLE VALLEY, WASHINGTON 98038RESIDENCE STREET: 26208 SE 200TH STREET  
CITY, STATE, ZIP: MAPLE VALLEY, WA 98038  
INSIDE CITY LIMITS: NO COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARSFATHER: WILLIE EDWARDS  
MOTHER: MARYMETHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERYCITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: JANUARY 24, 2018

FUNERAL FACILITY: GREENWOOD MEMORIAL PARK &amp; FUNERAL HOME

ADDRESS: 350 MONROE AVE NE  
CITY, STATE, ZIP: RENTON, WASHINGTON 98056  
FUNERAL DIRECTOR: NANCY E. HOULTMANNER 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 RESPONSECERTIFIER NAME: ABIGAIL M. HIKIDA, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 275 BRONSON WAY NE  
CITY, STATE, ZIP: RENTON, WA 98056  
DATE SIGNED: JANUARY 18, 2018CASE REFERRED TO MEICORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: ABIGAIL HIKIDA, MDLOCAL DEPUTY REGISTRAR: RUTH ROBERSON  
DATE RECEIVED: JANUARY 19, 2018

 <b>Health</b> <small>DOH 422-034 August 2019</small>		<b>Affidavit for Correction</b> This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98501-7814 360-236-4300
STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
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 Birth 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"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 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 2nd parent (if required):		
Printed name:		Printed name:		Date:
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information.				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: • 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.				
<b>Birth Certificates</b> 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). <b>Child under 18</b> • 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 to either parent's 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. 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.				
<b>Death Certificates</b> 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.				
<b>Marriage/Dissolution (Divorce) Certificates</b> 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 encloses color when heat applied.



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