

Full Name Sondra Hibler, Age 48, Relationship Child  
Matthew J. Hibler  
 Full Name \_\_\_\_\_, Age 45, Relationship \_\_\_\_\_  
Robert J. Hibler, III  
 Full Name \_\_\_\_\_, Age 50, Relationship \_\_\_\_\_  
 Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_  
 Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_  
 Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_  
 Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_



Affiant's Signature

Sondra Hibler

Printed Name of Affiant

22906 SE 281<sup>st</sup> Place, Maple Valley, WA 98038

Address

State of: WACounty of: KING

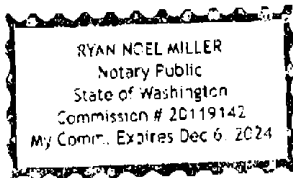
I certify that I know or have satisfactory evidence that Sondra Hibler is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 06/18/2021Signature NOTARY

Title

My appointment expires: 12/06/2024

Seal or Stamp



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

**Lot 61, "SAMISH RIVER PARK, DIVISION NO. 1," as per plat recorded in Volume 9 of Plats, pages 43 and 44, records of Skagit County, Washington.**

**Situate in the County of Skagit, State of Washington.**

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2021-011498

DATE ISSUED 03/10/2021

FEE NUMBER 18031021

FIRST AND MIDDLE NAME(S) SHARON ELAINE  
LAST NAME(S) HIBLERCOUNTY OF DEATH SKAGIT  
DATE OF DEATH MARCH 04, 2021  
HOUR OF DEATH 09:44 AM  
SEX FEMALE AGE 78 YEARS  
SOCIAL SECURITY NUMBERHISPANIC ORIGIN NO, NOT SPANISH/HISPANIC/LATINO  
RACE WHITEBIRTH DATE  
BIRTHPLACE BAKER, MTMARITAL STATUS WIDOWED  
SURVIVING SPOUSE NOT APPLICABLEOCCUPATION CERTIFIED NURSING ASSISTANT  
INDUSTRY HEALTHCARE  
EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES NOINFORMANT SONDRAE HIBLER  
RELATIONSHIP DAUGHTER  
ADDRESS 22906 SE 281ST PLACE MAPLE VALLEY WA 98038CAUSE OF DEATH  
A RENAL CANCER  
INTERVAL 3 MONTHSB  
INTERVALC  
INTERVALD  
INTERVALOTHER CONDITIONS CONTRIBUTING TO DEATH CORONARY ARTERY DISEASE,  
CEREBROVASCULAR DISEASE, DIABETES MELLITUS 2, HYPERTENSION,  
HYPERLIPIDEMIADATE OF INJURY  
HOUR OF INJURY  
INJURY AT WORK  
PLACE OF INJURY

LOCATION OF INJURY:

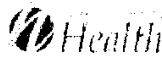
CITY, STATE, ZIP  
COUNTY  
DESCRIBE HOW INJURY OCCURRED

IF TRANSPORTATION INJURY, SPECIFY NOT APPLICABLE

PLACE OF DEATH NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS CEDAR GROVE ADULT FAMILY HOME  
CITY, STATE, ZIP BURLINGTON, WASHINGTON 98233RESIDENCE STREET 302 S SECTION STREET  
CITY, STATE, ZIP BURLINGTON, WA 98233  
INSIDE CITY LIMITS YES COUNTY SKAGIT  
TRIBAL RESERVATION NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE 3 YEARSFATHER JOHN SCHLECHT  
MOTHERMETHOD OF DISPOSITION CREMATION  
PLACE OF DISPOSITION CHERRY GROVE CREMATORYCITY, STATE POULSBORO, WASHINGTON  
DISPOSITION DATE MARCH 11, 2021

FUNERAL FACILITY THE STONE CHAPEL AT POULSBORO MORTUARY

ADDRESS 22772 FOSS ROAD NE  
CITY, STATE, ZIP POULSBORO, WASHINGTON 98370  
FUNERAL DIRECTOR GLEN C. HENRICKSONMANNER 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 H EDWIN STICKLE, MD  
TITLE PHYSICIAN  
CERTIFIER ADDRESS 1415 E. KINCAID STREET  
CITY, STATE, ZIP MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED MARCH 06, 2021CASE REFERRED TO ME/CORONER YES  
FILE NUMBER NOT APPLICABLE  
ATTENDING PHYSICIAN NOT APPLICABLELOCAL DEPUTY REGISTRAR BELEN MARTINEZ  
DATE RECEIVED MARCH 09, 2021



# Affidavit for Correction

Mailed to: Center for Health Statistics  
P.O. Box 47614  
Olympia, WA 98546-0114  
360-236-4300

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

STATE OFFICE USE ONLY

State File Number: \_\_\_\_\_ File Number: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

**Required information must match current information on record**

Record Type	Birth	Death	Marriage	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. Date of Event	6. Place of Event		
7. Name of Person Requesting Correction	8. Date of Event	9. Place of Event		
	10. Informant	11. Hospital		
	12. Other (Specify)			

13. Return Mailing Address: \_\_\_\_\_

14. Telephone Number: \_\_\_\_\_

**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:
15. _____	16. _____
17. _____	18. _____
19. _____	20. _____

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

14a. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_

**INSTRUCTIONS**

Required proof documentation must be submitted with this affidavit. Examples of proof documentation include:

- Birth/Marriage/Dissolution record
- Affidavit of parentage
- Social Security Number Report
- Certificate of Naturalization
- Hospitalized or correct
- Green Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital alternative birth certificate as proof documentation.**

**Birth Certificates**

1. Only a parent(s), legal guardian of the child is under 18, or the medical professional who taken body changes the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the child is to be named 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 a valid birth certificate.
4. This affidavit cannot be used to add a parent to the certificate record.

**Correction to:**

- If legal guardian(s) include certified copy of court order providing for custody.
- Up to age one or up to one year following the filing of an affidavit of parentage.
- If the child's name has been changed, 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.

**Death Certificates**

1. Only the informant may change the non-medical information on a death certificate. The informant may be executor/administrator, or a family member may change the non-medical information with proof of relationship. The informant and spouse or registered domestic partner, parent, sibling, or adult child of stepchild. Marital status requires a certified copy of divorce or annulment.
2. The medical information (cause of death) may be changed by the attending physician or the death certified at examiner.

**Marriage/Dissolution (Divorce) Certificates**

1. Personal facts (minor spelling changes in name, date of birth, etc.) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the affidavit must be complete and submit the affidavit.

**CERTIFIED**  
KITSAP PUBLIC HEALTH DISTRICT  
345 6TH ST STE 300 BREMERTON, WA 98337

*Gib Morrow*  
Gib Morrow, MD, MPH  
Health District Officer



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