

**WHEN RECORDED RETURN TO:**

**Land Title and Escrow Company  
111 East George Hopper Road  
Burlington, WA 98233**

**201701-LT,**

**DOCUMENT TITLE(S):**

**Death Certificate, ...**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

**STATE OF WASHINGTON**

**GRANTEE:**

**MILDRED LOIS BASHFORTH**

**ABBREVIATED LEGAL DESCRIPTION:**

**Unit 2, First Amendment to the Cedars, a condo**

**TAX PARCEL NUMBER(S):**

**4705-000-002-0000/P112563**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 04/10/2019  
FEE NUMBER: 310419

CERTIFICATE NUMBER: 2019-015294

FIRST AND MIDDLE NAME(S): MILDRED LOIS  
LAST NAME(S): BASHFORTH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 01, 2019  
HOUR OF DEATH: 10:15 PM  
SEX: FEMALE AGE: 93 YEARS  
SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE:  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SPOUSE: ROBERT BASHFORTH

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: ROBERT BASHFORTH  
RELATIONSHIP: SPOUSE  
ADDRESS: 1031 CYPRESS COURT, BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: PROTEIN CALORIE MALNUTRITION  
INTERVAL: MONTHS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,  
STAGE 4 CHRONIC KIDNEY DISEASE, RECURRENT PNEUMONIA,

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: 1031 CYPRESS COURT  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1031 CYPRESS COURT  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: OTTO  
MOTHER/PARENT: MILDRED

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: APRIL 05, 2019

FUNERAL FACILITY: SCHAEFER-SHIPMAN FUNERAL HOME

ADDRESS: 804 STATE AVENUE  
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270  
FUNERAL DIRECTOR: KELCIE K. VALDER

MANNER 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 RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: APRIL 04, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: APRIL 05, 2019

DOM 422-132 Snohomish (6/19)

NOT VALID IF PHOTOCOPIED OR ALTERED

**Affidavit for Correction**

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

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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**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**

<b>Required</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: _____ <small>First Middle Last Year - Month - Day State (County)</small>
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last First Middle Last</small>
	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: _____ <small>PO Box or Street Address City State Zip</small>
	Telephone Number: _____ Email Address: _____

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**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.

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

16a. Signature: _____	16b. Signature of 2 <sup>nd</sup> parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

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**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
 

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> <p>*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.</p>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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**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). 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 January 2015

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



Return Address:

LINDA CAMPBELL  
5303 110th PL NE  
MARYSVILLE WA 98271

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Linda W Campbell, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is friend

Relationship to decedent

of Mildred L. Bashforth, who died on Apr. 11, 2019  
Decedent/Grantor Date

at Burlington Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

UNIT 2, FIRST AMENDMENT TO THE  
CEDARS, A CONDO

Assessor's Property Tax Parcel/Account Number: P112563/4705-000-002-0000  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of \_\_\_\_\_)

ROBERT VERNE BASHFORTH, 91, SPOUSE  
1031 CYPRESS STREET, BURLINGTON WA 98233  
*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated: August 18 2021

Linda Weyers Campbell  
Affiant's full name

425 314 7881  
Telephone number

5303 110TH PL NE

Marysville WA 98271  
City State Zip Code

Linda W Campbell  
Signature

August 18, 2021  
Date

State of Washington County of Skagit  
Snohomish

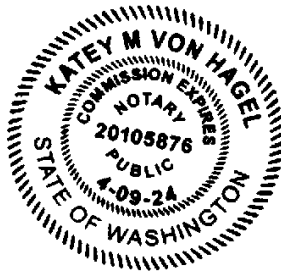
I know or have satisfactory evidence that LINDA WEYERS CAMPBELL  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 8, 18, 2021

Katey M. Von Haged  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: ANACORTES

Notary Public in and for the State of Washington

My appointment expires: 4, 9, 2024

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

Parcel Number: 4705-000-002-0000/P112563

Unit 2 "FIRST AMENDMENT TO THE CEDARS, A CONDOMINIUM," as per the survey map and plans thereof recorded in Volume 16 of Plats, pages 214 through 219, inclusive, records of Skagit County, Washington, and as identified in that certain Amended and Restated Declaration thereof recorded February 5, 1998, under Auditor's File No. 9802050054; and First Amendment thereto recorded August 16, 1999, under Auditor's File No. 9907130112; and Second Amendment thereto recorded July 13, 1999, under Auditor's File No. 199908160158; and Third Amendment thereto recorded September 17, 1999, under Auditor's File No. 199909170116; and Fourth Amendment thereto recorded August 24, 2000, under Auditor's File No. 200008240077; and Fifth Amendment thereto recorded October 23, 2002, under Auditor's File No. 200210230125; and Sixth Amendment thereto recorded February 20, 2003, under Auditor's File No. 200302200070; and Seventh Amendment thereto recorded October 17, 2006, under Auditor's File No. 200610170109; and Eighth Amendment thereto recorded May 11, 2010, under Auditor's File No. 201005110027, all in the records of Skagit County, Washington

Situate in the City of Burlington, County of Skagit, State of Washington