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10/01/2021 12:34 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER: SKAGIT COUNTY CAUSE NO. 21-4-00432-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: KIM Y. HANSON (DECEASED)

TAX PARCEL NUMBER: P124572 (4892-000-039-0000)

LEGAL DESCRIPTION:

Lot 39, "PLAT OF SKAGIT HIGHLANDS DIVISION 3," as per plat recorded under Auditor's File No. 200605150163, records of Skagit County, Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements, provisions and assessments of record, if any.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-015741

DATE ISSUED: 07/21/2014

FEE NUMBER: 000000029

GIVEN NAMES: KIM V
LAST NAME: HANSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: July 12, 2014
HOUR OF DEATH: 05:00 A.M.
SEX: FEMALE
AGE: 83 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4685 GLACIER STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 4685 GLACIER STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: KOREAN

BIRTHDATE: [REDACTED]
BIRTHPLACE: KOREA

FATHER: UNKNOWN
MOTHER: UNKNOWN

MARITAL STATUS: MARRIED
SPOUSE: LLOYD GEORGE HANSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JULY 15, 2014

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 8 YEARS
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: LLOYD GEORGE HANSON
RELATIONSHIP: HUSBAND
ADDRESS: 4685 GLACIER STREET MOUNT VERNON, WA 98273

- CAUSE OF DEATH:
- A. NON-SMALL CELL LUNG CANCER
INTERVAL: 1 MONTH
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PATHOLOGIC FRACTURE OF THE FEMUR RELATED TO BONE METASTASIS

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JULY 15, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA-442
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JULY 15, 2014

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

10/01/2021 12:34 PM

Page for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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
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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/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____
(For Birth, Spouse, Divorce, 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 Telephone Number: _____
 Funeral Director Other (Specify) _____

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: _____
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
	Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, 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 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.
- 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/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct 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.
- 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, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, 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 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 someone other than the informant listed on the certificate. 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

JUL 21 2014

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

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