

WHEN RECORDED RETURN TO:

**Stewart Title Company
2820 Oakes Avenue, A
Everett, WA 98201**

202917-LT

**DOCUMENT TITLE(S):
Death Certificate**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
STATE OF WASHINGTON**

**GRANTEE:
DONNA LEE WATTS**

**ABBREVIATED LEGAL DESCRIPTION:
Lot 26, Summersun Estates Phase 1 LU-07-023**

**TAX PARCEL NUMBER(S):
6030-000-026-0000/P132930**

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-042696

DATE ISSUED: 10/01/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA LEE

LAST NAME(S): WATTS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 30, 2019

HOUR OF DEATH: 09:07 AM

SEX: FEMALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: BRONX, NY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WALTER WATTS

OCCUPATION: BUYER

INDUSTRY: FINANCE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: WALT WATTS

RELATIONSHIP: HUSBAND

ADDRESS: 3925 SUMMERSUN ST MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: LUNG CANCER

INTERVAL: 2 YEARS

B:

INTERVAL:

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: 3925 SUMMERSUN ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 3925 SUMMERSUN ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: UNKNOWN

MOTHER/PARENT: BETTE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 01, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

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: SEPTEMBER 30, 2019

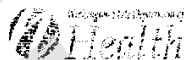
CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: OCTOBER 01, 2019



Affidavit for Correction

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

202111020118

11/02/2021 01:00 PM Page 3 of 5
Center for Health Statistics
P.O. Box 34819
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	Required information must match current information on record			
	Report 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 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS - go to 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

3. 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 parent's 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 executor/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 official (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED

OCT 01 2019

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



0 3 2 6 3 9 8 0

Certificate not valid unless the Seal of the State of Washington changes enter when next applied.

Return Address:

Water Watts
3925 Summersun Street
Mount Vernon, WA 98273

State of Washington

County of Skagit

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Walter Watts
Affiant(s), being by me first duly sworn upon
his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Donna Lee Watts
3. The decedent died on 9.30.19 (date) at Mt Vernon (City), Skagit (County),
Washington (State).
4. My/Our relationship to the decedent is as follows:

Spouse

5. I am / We are the rightful heirs to the property described herein.
6. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal: Lot 26, Summersun Estates Phase I LU-07-023

Tax ID Number: 6030-000-026-0000/P132930

7. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.
8. The deceased is survived by the following heirs:

Full Name	<u>Debbie Losh</u>	, Age	<u>60</u>	, Relationship	<u>daughter</u>
Full Name	<u>Valerie Watts</u>	, Age	<u>56</u>	, Relationship	<u>daughter</u>
Full Name	<u>Jenny Maxwell</u>	, Age	<u>52</u>	, Relationship	<u>daughter</u>
Full Name	<u>Daniel Cardiff</u>	, Age	<u>43</u>	, Relationship	<u>step son</u>
Full Name	<u>Walter Watts</u>	, Age	<u>81</u>	, Relationship	<u>spouse</u>
Full Name	_____	, Age	_____	, Relationship	_____
Full Name	_____	, Age	_____	, Relationship	_____

Walter M. Warts
Affiant's Signature

WALTER M WARTS
Printed Name of Affiant

3925 SUMMERSON ST.
Address MOLM DEWYN

State of: Washington

County of: Snohomish

I certify that I know or have satisfactory evidence that Walter Warts 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: 10 08 2021 Signature Walter Warts

Notary Public

Title
My appointment expires: 09 29 2024
Seal or Stamp

