

**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

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

202111020118

11/02/2021 01:00 PM Page 3 of 5  
Center for Health Statistics  
P.O. Box 317  
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	Fees Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required

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. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) \_\_\_\_\_

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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

13a. Signature: \_\_\_\_\_ 13b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

### 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)
- Cultural 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
- 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 parents' 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 officiant (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 Leibrand M.D., Health Officer



Certificate not valid unless the Seal of the State of Washington changes color when heat 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: Danna 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. Waits  
Affiant's Signature

WALTER M WAITS  
Printed Name of Affiant

3925 SUMMERSON ST.  
Address MOLM DENVER

State of: Washington

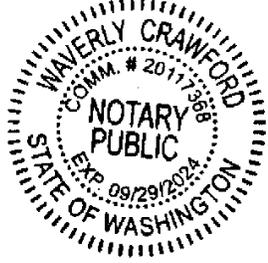
County of: Snohomish

I certify that I know or have satisfactory evidence that Walter Waits 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 [Handwritten Signature]

Notary Public

Title  
My appointment expires: 09 29 2024  
Seal or Stamp



UNRECORDED DOCUMENT