



202111290047

11/29/2021 09:50 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-5409

NOV 29 2021

Amount Paid \$  
Skagit Co. Treasurer  
By *UT* Deputy

Document Title:

Death certificate

Reference Number:

201504020038

Grantor(s):

additional grantor names on page \_\_\_\_.

1. Wash. State of

2.

Grantee(s):

additional grantee names on page \_\_\_\_.

1. Barbara Ann Craner

2.

Abbreviated legal description:

full legal on page(s) \_\_\_\_.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_\_.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH


**CERTIFICATE OF DEATH**CERTIFICATE NUMBER: **2021-059765**DATE ISSUED: **11/24/2021**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **BARBARA ANN**  
LAST NAME(S): **CRANER**COUNTY OF DEATH: **WHATCOM**  
DATE OF DEATH: **NOVEMBER 22, 2021**  
HOUR OF DEATH: **03:15 PM**  
SEX: **FEMALE** AGE: **86 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: **HOSPICE**  
FACILITY OR ADDRESS: **WHATCOM HOSPICE HOUSE**  
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98226**HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**  
RACE: **WHITE**RESIDENCE STREET: **22970 BULSON ROAD**  
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**  
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **35 YEARS**BIRTH DATE: [REDACTED]  
BIRTHPLACE: **BURBANK, CA**FATHER: **SHIRLEY MARION GILLILAND**  
MOTHER: **ALBERTA MAE [REDACTED]**MARITAL STATUS: **WIDOWED**  
SURVIVING SPOUSE: **NOT APPLICABLE**METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**OCCUPATION: **AEROSPACE**  
INDUSTRY: **HUMAN RESOURCES**  
EDUCATION: **ASSOCIATE DEGREE**  
US ARMED FORCES: **NO**CITY, STATE: **MOUNT VERNON, WASHINGTON**  
DISPOSITION DATE: **NOVEMBER 29, 2021**INFORMANT: **CAROLYN LEE JAIN**  
RELATIONSHIP: **SISTER**  
ADDRESS: **1220 RUE SAINT JEAN, SAN MARCOS, CALIFORNIA 92078**FUNERAL FACILITY: **KERN FUNERAL HOME**ADDRESS: **1122 S. 3RD STREET**  
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**  
FUNERAL DIRECTOR: **SARAH A. DRAKE**CAUSE OF DEATH:  
A: **METASTATIC ADENOCARCINOMA OF THE STOMACH**  
INTERVAL: **3 WEEKS**B:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: **NATURAL**  
AUTOPSY: **NO**  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: **NOT APPLICABLE**  
DID TOBACCO USE CONTRIBUTE TO DEATH: **PROBABLY**  
PREGNANCY STATUS IF FEMALE: **NO RESPONSE**DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: **SHELLEY RICE, MD**  
TITLE: **PHYSICIAN**  
CERTIFIER ADDRESS: **2800 & 2806 DOUGLAS**  
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**  
DATE SIGNED: **NOVEMBER 23, 2021**

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: **NOT APPLICABLE**  
ATTENDING PHYSICIAN: **NOT APPLICABLE**IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**LOCAL DEPUTY REGISTRAR: **BONNIE J. GREGORY**  
DATE RECEIVED: **NOVEMBER 24, 2021**



Affidavit for Correction

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Skagit County Health Department
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

Required information must match current information on record
Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (City or County)
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: PO Box or Street Address, City, State, Zip
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 currently shows:
The true fact is:
8. 9.
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature:
14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
• To correct the sex of the child, one proof documentation 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 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 without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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

\*CERTIFIED\*

NOV 24 2021

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



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