202203310181

WHEN RECORDED RETURN TO:

03/31/2022 01:30 PM Pages: 1 of 3 Fees: \$41.00 Skagit County Auditor

M. MORGAN 18997 W. BIG LAKE BLUD. MOUNT VERNON, WA 98274

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

MAR 3 1 2022 20221299

Amount Paid \$()
Skagit Co. Treasurer
By () Deputy

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

KEITH C. HILL

GRANTEE(S):

MICHELLE S. MORGAN

ABBREVIATED LEGAL DESCRIPTION:

PHN Tracks 100-101 FIRST Add B19 Lake WF Tracks

TAX PARCEL NUMBER(S):

P62120 4 P62121

02203310181

STATE OF WASHINGTON DEPARTMENT OF HEALTH

File Number O	AMPLIAND F		Middle	9 6	te of Death:	1	Sur	fix	4 3 4		
	Keith	Charl			ii11	• *		2.	Death Date	v z	19 a. s
3. Sex (M/F)		nthday 4b. Under 1 Y	19.7	Under 1 Day	5 S	<u> </u>			County of		- 2
M	74	Months	Days Hour	rs Min	utes				kagit	Journ .	
		thplace (City, Town, or ainerd	County) 5b. (Statement)	te or Foreign Co	ountry)	e. Decede	nas Educado 11 t	•	40 04	ucation	
10. Was Decedent of		(Yes or No) If yes, spec		1. Decedent's	s Race(s)	<u> </u>	11 (n gra	1	2. Was Decedent ex	rer in U.
No				White							es
13a. Residence: Nun	nber and Street (e.	.g., 624 SE 5 th St.) (Incl	ude Apt. No.)				1:	Bb. City or T	own		
18997 Wes	t Big Lak	e						Mount '	Vernon		
13c, Residence: Cou Skagit	inty 1	3d. Tribal Reservation	on Name (if applica		ite or Foreign Co shington	ountry		Zip Code + 274-	4	13g. Inside City ☐ Yes Æ No	
14, Estimated length	of time at residen	ce. 15. Marital Stat	us at Time of Dea		iving Spouse's N	Varne (Give				LI YBS 4LINO	
16y		Divorce									
 Usual Occupation Manager 	n (indicate type of wo	ork done during most of	working life. (DO NO	T USE RETIRED).	18. Kind of Busin			Company Na	ame)		
19. Father's Name (F	First, Middle, Last, Su	ffix)			20. Mother's Na			e (First, Midd	ile, Last)		_
	Gust Hi				Bernice						
21. Informant's Name			ship to Decedent	1 .	Address: Number			or Town	State Z		
Michelle Mo	organ	Daughte	F	18997	W. Big La	ake Blv	d Mount	Vernon	, WA 9	3274-	
24. Place of Death, if De	eath Occurred in a Ho	ospital:			Place of Death, if Nursing		rred Somewher	Other than	a Hospital:		
25. Facility Name (if	not a facility, give nur	mber & street)	7.64				or Location of	Death 2	6b. State	27. Zip Code	
Burton Care					Bur	lingto	n		WA	98233	
28. Method of Dispor	sition	29. Place of Di Hawthorn	posit of me of	oëmetery, offern Darrk 3	atory, other place)	100			y/Town, and	State shington	
31. Name and Comp	olete Address of Fu		6 A	Zaik		3 <u>3</u>	* F95°		2. Date of D		
Hawthorne Fu		1825 E Co.	llege Way (Mount Ve	rnon WA	98273-0	0398		7-15-	2004	
33. Funeral Director	r Signature X	MANULLY	1 22		4 - 20 - 20	100					
		70070777									
34 Enter the chain	of events – diseas	1//	Cause of	Death (See ins	structions and exa	imples)	terminal even	ts such as o	eardiac !		
34. Enter the chain of arrest, respirator	of events – diseas ry arrest, or ventric	es, injuries, or comp cular fibrillation witho	Cause of lications – that din ut showing the eti	Death (See ins ectly caused iology. DO N	tructions and exa the death. DO N OT ABBREVIAT	imples) NOT enter t EAdd ad	terminal even	ts such as o	cardiac	tenral hetunen One	ul & De
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IN SECULIAR MANAGEMENT OF SECURIAR MANAGEMENT

DOH/CHS 003 Rev 3/24/2003



03/31/2022 01:30 PM Page 3 of 3
Center for Health Stattetics
P.O. Box 9709

Affidavit for Correction

neutti	This is a legal Docum	ent. Complete in ink	and do not	Olympia, WA 98507-9709 (360) 236-4300
	STAT	E OFFICE USE ONL	Y	\$1. St. 188
State File Number	Fee Number	Initials	Date	Affidavit Number
	Use the section below for	r requesting any cha	anges on the	e record.
Record Type: Birth	n 🗌 Death		/larriage	☐ Dissolution
1. Name on record:		2. Date	of Event:	3. Place of Event: (City or County)
4. Father's Full Name (F	or Birth): (Husband for Marriage or Di	ssolution) 5. Mother's F	Full Name (Fo	or Birth): (Wife for Marriage or Dissolution)
	The Record is In	correct or Incomplete	as follows:	
	e Record now shows:			The True fact is:
6.		7.		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person	on as: Self Parent Great		ormant	Telephone Number:
I declare under penalty	of perjury under the laws of the	State of Washington t	hat the forgo	oing is true and correct.
15. Signature:	16. Date: 1	7. Address:		
	d as received. An item may be changed ithin one year of the date it was issued to			ges must be made by court order. The incorrect
	shed by documentary proof submitted pof: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	I with the affidavit Medical Record Military Record (DD- Birth Record Passport	214)	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
Birth Certificates:				
The proof(s) must maname to be Mary Ann name to be Mary Ann S. Proof must be five (or 4. Up to age one, the parameter of the new last name or after age one, last naccumentary proof. Parent(s) may change	Doe. Mary A. Doe or M.A. Doe does not more) years old or have been establish irent(s) or legal guardian may change the aly change. Subsequent changes will remay be the mother's maiden name or fat ame changes require a certified copy of the their child's first or middle name by core	example, if the affidavit say t prove the name is Mary A ed within five years of birth e child's last name with an quire a certified copy of a c her's name (if present on the a court ordered name cha mpleting and signing an aff	ys the name is M nn Doe. affidavit for con- ourt ordered na- ne certificate) or inge. Minor spe	Mary Ann Doe, then the proof must show the rection, provided: ame change. rany combination of the two. Illing changes may be made with an affidavit ancetion (until their child's 18th birthday).
	be used to add a father to a birth cert	ificate. (Use the paternity	affidavit - forn	n DOH/CHS 021)
information.	e funeral director, or executors/administ			n is presented) may change the non-medical

If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUL 1 4 2004

Huk endus Skagit County Health Department LL00418769 Howard Leibrand M.D., Health Officer