



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 BLVD.
MOUNT VERNON, WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

MAR 31 2022

20221299

Amount Paid \$0
Skagit Co. Treasurer
By K.O 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:

PTN Tracts 100-101 First Add Big
Lake WF Tracts

TAX PARCEL NUMBER(S):

P62120 + P62121

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 529-04		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Keith Charles Hill					
2. Sex (M/F) M		3. Age - Last Birthday 74		4. Under 1 Year Months Days 11	
5. Date of Death July 12, 2004		6. County of Death Skagit		7. Decedent's Education 11th grade education	
8. Birthplace (City, Town, or County) Brainerd		9. (State or Foreign Country) MN		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No	
11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes		13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 18997 West Big Lake	
13b. City or Town Mount Vernon		13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	
13e. State or Foreign Country Washington		13f. Zip Code + 4 98274-		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 16y		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Manager		18. Kind of Business/Industry (Do not use Company Name) Pacific Telesis		19. Father's Name (First, Middle, Last, Suffix) Charles Gust Hill	
20. Mother's Name Before First Marriage (First, Middle, Last) Bernice Vivian		21. Informant's Name Michelle Morgan		22. Relationship to Decedent Daughter	
23. Mailing Address: Number & Street or RFD No. City or Town State Zip 18997 W. Big Lake Blvd Mount Vernon, WA 98274-		24. Place of Death, if Death Occurred in a Hospital: Burton Care Center		25. Facility Name (If not a facility, give number & street) Burton Care Center	
26. City, Town, or Location of Death Burlington		26b. State WA		27. Zip Code 98233	
28. Method of Disposition Burial		29. Place of Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E College Way Mount Vernon, WA 98273-0398		32. Date of Disposition 7-15-2004		33. Funeral Director Signature X <i>[Signature]</i>	
34. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. -Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. kidney failure - diabetic Interval between Onset & Death years Due to (or as a consequence of): b. cerebral vascular accident/hemiparesis Interval between Onset & Death Weeks Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. pneumonia Interval between Onset & Death days Due to (or as a consequence of): d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/> No	
41. Date of Injury (MM/DD/YYYY) 7-12-2004		42. Hour of Injury (24hrs) 11:30 AM		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: 18997 West Big Lake		46. Describe how injury occurred Slip and fall	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		48a. Certifying Physician - To the best of my knowledge, death occurred at the time, place, and due to the cause(s) stated. T. W. Martin M.D.		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) T. W. Martin M.D. 2061 Hospital Drive, Sedro Woolley, WA 98284		50. Hour of Death (24hrs) 11:30 AM		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Certified (MM/DD/YYYY) 07-13-2004		53. Title of Certifier M.D.		54. License Number 14430	
55. ME/Coroner File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature X Dorothy Epps deputy	
58. Date Received (MM/DD/YYYY) JUL 14 2004		59. Record Amendment Item Documentary Evidence		Reviewed by [Signature] Date [Signature]	

DOH/CHS 003 Rev 3/24/2003



DOH-01-003 (5/98)



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)														
The Record is Incorrect or Incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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<p>Birth Certificates:</p> <ol style="list-style-type: none"> Only a parent, legal guardian (if the child is under 18), or the adult themselves (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. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) 																
<p>Death Certificates:</p> <ol style="list-style-type: none"> Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. 																
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> 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 14 2004

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

LL00418769