

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233

205083-LT,

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

GARY C. MEDFORD

ABBREVIATED LEGAL DESCRIPTION: EAST 281 FEET OF SOUTH 233 FEET OF NE1/4 OF SW1/4, SECTION 10, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M., LESS RIGHT OF WAY

Ptn SW; Sec 10-Twn 35N-Rg 6E

E1/2 W1/4 NE1/4 SW1/4, SECTION 10, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M., LESS R/W & E 281FT OF S 233FT THOF

TAX PARCEL NUMBER(S):

350610-3-005-0000/P40959

350610-3-004-0001/P40958

350610-3-010-0003/P40973

Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Lena Thompson

Affidavit No. 20221311

Date 03/31/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-025769

DATE ISSUED: 06/02/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): GARY CLYDE
LAST NAME(S): MEDFORDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 28, 2021
HOUR OF DEATH: 11:15 PM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTH PLACE: SEDRO-WOOLLEY, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: BARBARA ANN SCHRYEROCCUPATION: LOGGER
INDUSTRY: LOGGING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOINFORMANT: BARBARA MEDFORD
RELATIONSHIP: WIFE
ADDRESS: 33289 HAMILTON CEMETERY ROAD, SEDRO-WOOLLEY, WA

CAUSE OF DEATH:

- A: FAILURE TO THRIVE
INTERVAL: 3 MONTHS
B: LIKELY ALZHEIMER DEMENTIA
INTERVAL: SEVERAL YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MYASTHENIA GRAVIS,

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: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 33289 HAMILTON CEMETERY ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 59 YEARSFATHER: WID MEDFORD
MOTHER: SELMAMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAMILTON CEMETERYCITY, STATE: HAMILTON, WASHINGTON
DISPOSITION DATE: JUNE 03, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: SONG HONG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: JUNE 01, 2021CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: SONG HONG, PHYSICIANLOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: JUNE 02, 2021

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
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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: _____
 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First: _____ Middle: _____ Last: _____
 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last: _____

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 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: _____ Date: _____
 14b. Signature of 2nd parent (if required): _____ 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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

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.

*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.

Death Certificates

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

JUN 02 2021

Howard Leibrand

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



0 4 4 9 8 8 0 8

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