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04/11/2022 01:11 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 - 1480

APR 11 2022

Amount Paid \$   
Skagit Co. Treasurer  
By  Deputy

Return Address:

ANDERSON HUNTER LAW FIRM  
ATTN: ACA  
2707 COLBY AVENUE, SUITE 1001  
EVERETT, WA 98201

**Document Title(s)** (or transactions contained therein):

Certificate of Death of Trudy S. Stuart

**Grantor(s)** (Last name first, then first name and initials)

Stuart, Trudy S.

Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** (Last name first, then first name and initials)

Hill, Barbara A.

Additional names on page \_\_\_\_\_ of document.

**Reference Number(s) of Documents assigned or released:**

200508300093 – Statutory Warranty Deed

Additional numbers on page \_\_\_\_\_ of document.

**Abbreviated Legal Description:**

Unit 8, Stonebridge Condominium

**Skagit County Assessor's Property Tax Parcel/Account Number**

4775-000-008-0000; P117991

Property Tax Parcel ID is not yet assigned

Additional parcel numbers on page \_\_\_\_\_ of document

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-013796

DATE ISSUED: 03/16/2022  
FEE NUMBER:FIRST AND MIDDLE NAME(S): TRUDY S  
LAST NAME(S): STUARTCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 13, 2022  
HOUR OF DEATH: 06:53 PM  
SEX: FEMALE AGE: 93 YEARS  
SOCIAL SECURITY NUMBER: .PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2411 STONEBRIDGE WAY  
CITY, STATE, ZIP: MT VERNON, WASHINGTON 98273RESIDENCE STREET: 2411 STONEBRIDGE WAY  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARSHISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: PASSAU GERMANYFATHER: JOSEF SEIDL  
MOTHER: WILHELMINA [REDACTED]MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUMOCCUPATION: LARGE ASSET INVESTMENT MANAGER  
INDUSTRY: BANKING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NOCITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: MARCH 16, 2022INFORMANT: BARBARA A HILL  
RELATIONSHIP: DAUGHTER  
ADDRESS: 14125 21 DR SE, MILL CREEK WA 98012

FUNERAL FACILITY: WHATCOM CREMATION &amp; FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: TIM D. POWELLCAUSE OF DEATH:  
A: SMALL BOWEL OBSTRUCTION  
INTERVAL: 3 WEEKS  
B: ABDOMINAL ADHESIONS  
INTERVAL: YEARS  
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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 14, 2022

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: ISABEL M. CARBAJAL  
DATE RECEIVED: MARCH 15, 2022



# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

### 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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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.



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

# \*CERTIFIED\*

MAR 16 2022

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



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