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06/01/2022 10:16 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY <i>Lena Thompson</i> DATE <i>6-1-22</i>

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON

GRANTEE: KENNETH WAYNE KITE (DECEASED)

ASSESSOR'S PARCEL NO.:
P17690 (330433-1-005-0001)
P17685 (330433-1-001-0104)
P17689 (330433-1-004-0101)
P123571 (330433-0-005-0100)
P17683 (330433-0-005-0003)

LEGAL DESCRIPTION: Abbreviated Legal Description:

Portion of the Northwest 1/4 of the Northeast 1/4 of
Section 33, Township 33 North, Range 4 East, W.M.;
Lots 1, 2, 3 and 4.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 12/14/2017
FEE NUMBER:

CERTIFICATE NUMBER: 2017-053653

FIRST AND MIDDLE NAME(S): KENNETH WAYNE
LAST NAME(S): KITE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 12, 2017
HOUR OF DEATH: 03:15 AM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: HOME PLACE MEMORY CARE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 210 NORTH SKAGIT ST
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: STILLWATER, OK

FATHER/PARENT: CHARLES MONROE KITE
MOTHER/PARENT: LIZZIE LAKE [REDACTED]

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: CITY PLANNER
INDUSTRY: GOVERNMENT
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 14, 2017

INFORMANT: JANA FERNANDES
RELATIONSHIP: DAUGHTER
ADDRESS: 20819 STARBIRD ROAD MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 1 YEAR
B: DEMENTIA
INTERVAL: 2 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: CARINA C. HOPEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 307 S. 13TH. STREET, #200
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: DECEMBER 14, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: CARINA HOPEN, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: DECEMBER 14, 2017



Affidavit for Correction 06/01/2022 10:16 AM Page 3 of 3

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

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: 2. Date of Event: 3. Place of Event:
4. Father/Parent Full Legal 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:
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 now shows: The true fact is:
8. 9.
10. 11.
12. 13.
14. 15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.
Child under 18
• If legal guardian(s), include certified court order proving guardianship
• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
• After age one, 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 documentary proof is required.
• To correct the sex of the child, one documentary proof 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 documentary proof are required
• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
• To correct parent's birth date, place of birth, or name, one documentary proof is required
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



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

CERTIFIED

DEC 14 2017

Howard Leibrand M.D., Health Officer



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