

**WHEN RECORDED RETURN TO:**

**Placer Title Company Lender Division  
9085 Foothills Boulevard  
Roseville, CA 95747**

**205881-LT,**

**DOCUMENT TITLE(S): Death Certificate**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

**BARBARA E. MCCULLOCH**

**GRANTEE:**

**STATE OF WASHINGTON**

**ABBREVIATED LEGAL DESCRIPTION:**

**Lot 4, Avon Acres 1st Add.**

**TAX PARCEL NUMBER(S):**

**3860-000-004-0009/P61901**

Real Estate Excise Tax

Exempt

Skagit County Treasurer

By Lena Thompson

Affidavit No. 20222996

Date 07/21/2022

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-035942

DATE ISSUED: 07/28/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARBARA E  
LAST NAME(S): MCCULLOCH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 24, 2021  
HOUR OF DEATH: 01:35 PM  
SEX: FEMALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:  
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KENNETH MCCULLOCH

OCCUPATION: OPERATOR  
INDUSTRY: TELEPHONE COMPANY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: KENNETH MCCULLOCH  
RELATIONSHIP: HUSBAND  
ADDRESS: 16918 DONNELLY ROAD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:  
A: SEVERE PROTEIN CALORIE MALNUTRITION  
INTERVAL: 6 MONTHS  
B: ALZHEIMER'S DEMENTIA  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME  
FACILITY OR ADDRESS: 16918 DONNELLY ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 16918 DONNELLY ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 55 YEARS

FATHER: HERMAN J FISHER  
MOTHER: MARGARET

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 27, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

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 RESPONSE

CERTIFIER NAME: DEBORAH NORTH, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JULY 27, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 27, 2021

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
<b>Record Type:</b> <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:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>		<b>The true fact is:</b>		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2nd parent (if required):		
Printed name:		Date:	Printed name:	Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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) <b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. Proof documentation must be five or more years old or established within five years of birth. 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
<b>Child under 18</b> • 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. <b>*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.</b>				
<b>Adult (18 years or older)</b> • 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.				
<b>Death Certificates</b>				
1. 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. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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 proof documentation. 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.				

\*CERTIFIED\*

JUL 28 2021

*Howard Leibrand*

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



0 4 5 0 0 6 3 9

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

**Return Address:**

Placer Title Company Lender Division  
9087 Foothills Boulevard, Suite 700  
Roseville, CA 95747  
 205881-LT

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Kenneth L McCulloch being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is  
husband of Barbara McCulloch  
*Relationship to decedent* *Decedent/Grantor*

who died on 7/24/21 at  
*Date*

Mount Vernon Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 4, Avon Acres 1st Add.

Assessor's Property Tax Parcel/Account Number: 3860-000-004-0009/P61901  
 (Attach full legal description of the property)

- ☐ Decedent left no Last Will and Testament.
- ☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Kathleen M. Nelles, 54, daughter  
17053 Avon Street  
*Full name, age, relationship, address*

**KENNETH L MCCULLOCH, SURVIVING SPOUSE, 83**  
**16918 Donnelly Road Mount Vernon WA 98273**  
*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated: 7-15-22Kenneth L McCulloch  
Affiant's full name368-421-5077  
Telephone number16918 Donnelly RdMOUNT VERNON Wa. 98273  
City State Zip CodeKenneth L McCulloch July 15, 2022  
Signature DateSTATE OF WASHINGTON  
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 15th day of July, 2022 by  
Kenneth L. McCullochDeneane Marie Robbins  
SignatureNotary Public for the State of Washington  
TitleMy appointment expires: 07/01, 2025