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08/24/2022 02:55 PM 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 <u>Dana Thompson</u>
DATE <u>8.24.22</u>

DOCUMENT TITLE:

CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 21-4-00602-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

MARY HELEN ANDERSON (DECEASED)

ASSESSOR'S PARCEL NUMBER:

P113815 (4723-000-002-0100)

LEGAL DESCRIPTION:

Unit 2A, SECOND AMENDMENT TO SURVEY MAP AND PLANS FOR ALPINE FAIRWAY VILLA CONDO, PHASE III according to Declaration thereof recorded May 26, 1999, under Auditor's File No. 9905270007 and any amendments thereto, AND Amended Survey Map and Plans thereof recorded under Auditor's File No. 200007210061, records of Skagit County, Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-058722

DATE ISSUED: 11/19/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARY HELEN

LAST NAME(S): ANDERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 12, 2021

HOUR OF DEATH: 03:25 AM

SEX: FEMALE 87 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: LUVERNE, ND

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: HOWARD VERNON ANDERSON

OCCUPATION: JOBS TRAINING PROGRAM

INDUSTRY: STATE EMPLOYMENT SECURITY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MARK ANDERSON

RELATIONSHIP: SON

ADDRESS: 24454 SE 46TH. ST., SAMMAMISH, WA 98029

CAUSE OF DEATH:

A: STAGE 4 LUNG CANCER

INTERVAL: ONE MONTH

B:

INTERVAL:

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1406 ALPINE VIEW PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1406 ALPINE VIEW PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: MARIUS RASMUSSEN

MOTHER: ANNA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 19, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: NOVEMBER 17, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: NOVEMBER 18, 2021

Affidavit for Correction

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

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle
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:		City	State	Zip
PO Box or Street 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:		14b. Signature of 2 nd parent (if required):	
Printed name:		Printed name:	
Date:		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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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

NOV 19 2021

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



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