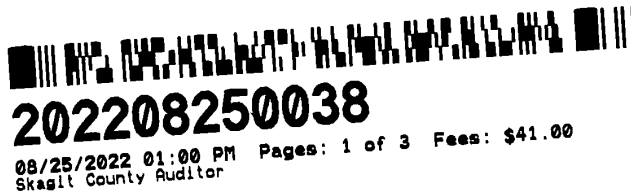


RETURN TO:

Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284



SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20223499
AUG 25 2022

Amount Paid \$
Skagit Co Treasurer
By K.D. Deputy

DOCUMENT TITLE(S) (or transactions contained herein):

Certificate of Death (Certified)

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Transfer on Death Deed: recorded April 25, 2022 in AF# 202204250118 of which Diane M. Baker is the Grantor and Adam J. Baker is the Grantee

See also Estate of Diane M. Baker, Skagit County Superior Court Cause No. 22-4-00427-29

GRANTOR(S) (Last name, first name and initials):

1. Baker, Diane Margaret
2. State of Washington

GRANTEE(S) (Last name, first name and initials):

1. Baker, Adam J.
2. Public

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Lot 15, Olympic View Plat, recorded in Volume 8 of Plats, Page 1, Records of Skagit County.
Washington; Situated in Skagit County, Washington.
SE QTR OF 29-34-04

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Tax Parcel No. P67725 / 3963-000-015-0002

ORIGINAL



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-042376

DATE ISSUED: 08/24/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DIANE MARGRET

LAST NAME(S): BAKER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 13, 2022

HOUR OF DEATH: 12:45 AM

SEX: FEMALE AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SAINT PAUL, MN

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OFFICE MANAGER

INDUSTRY: GOVERNMENT/HUMANITIES

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: ADAM JOHN BAKER

RELATIONSHIP: SON

ADDRESS: 19559 ELLISON ROAD, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: HEART FAILURE WITH PRESERVED EJECTION FRACTION

INTERVAL: YEARS

B: CRITICAL AORTIC VALVE STENOSIS

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: INTRAABDOMINAL MASS OF
UNDETERMINED SIGNIFICANCE

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: 19559 ELLISON ROAD

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 19559 ELLISON ROAD

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: PAUL WEBER

MOTHER: ERMA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 22, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

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

FUNERAL DIRECTOR: SARAH A. DRAKE

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: KELLE BROGAN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 316 E MCLEOD RD #101

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

DATE SIGNED: AUGUST 18, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

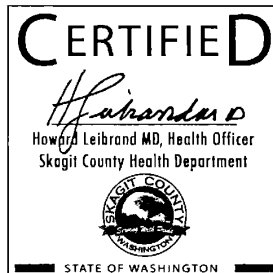
LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: AUGUST 19, 2022

 Affidavit for Correction 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	
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:
First Middle Last	MM/DD/YYYY
3. Place of Event: (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 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:	
P.O. 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:	
8.	9.
10.	11.
12.	13.
The true fact is:	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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	
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).	
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. *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.	
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.	
Death Certificates	
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.	
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 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.	



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



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