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11/18/2022 11:17 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Bena Thompson
DATE 11.18.22

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

1. BOB BELL

2.

additional grantor names on page ___

Grantee(s):

1.

2.

additional grantee names on page ___

Abbreviated legal description:

PTN GOV LT 5 IN 12-34-1 EWM

full legal on page(s) ___

Assessor Parcel / Tax ID Number:

P19241

additional tax parcel number(s) on page ___

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-030700

DATE ISSUED: 07/29/2016

FEE NUMBER: 0000000029

GIVEN NAMES: BOB
LAST NAME: BELL
AKA: ROBERT HENRY BELL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: July 25, 2016
HOUR OF DEATH: 08:00 A.M.
SEX: MALE
AGE: 94 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROSARIO ASSISTED LIVING
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 5916 CAMPBELL LAKE ROAD
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: DETROIT, MICHIGAN

FATHER/PARENT: JOHN BELL
MOTHER/PARENT: JEAN [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA DEY BRIZEE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: JULY 30, 2016

OCCUPATION: MECHANICAL ENGINEER
INDUSTRY: AUTO INDUSTRY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

INFORMANT: PATRICIA D. BELL
RELATIONSHIP: WIFE
ADDRESS: 5916 CAMPBELL LAKE ROAD, ANACORTES, WA 98221

- CAUSE OF DEATH:
- A. ALZHEIMER DEMENTIA
INTERVAL: YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ATRIAL FIBRILLATION, PERIPHERAL NEUROPATHY, SPINAL STENOSIS

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

CERTIFIER NAME: NANCY H. LEWELLYN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 190
CITY, STATE, ZIP: LA CONNER WA 98259
DATE SIGNED: JULY 28, 2016

DESCRIBE HOW INJURY OCCURRED:

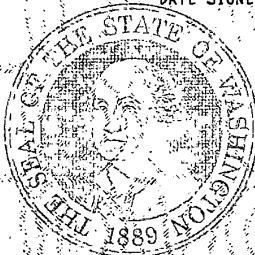
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JULY 29, 2016

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

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

Washington State Department of Health
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	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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal 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: 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 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: Printed name: _____ Date: _____	16b. Signature of 2 nd parent (if required): Printed name: _____ Date: _____
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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

- 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.
- 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

- 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.
- 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 documentary proof.
- 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

CERTIFIED

JUL 29 2016

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer GG00006669