

After Recording, please return to:

Land Title and Escrow Company  
111 East George Hopper Road, PO Box 445  
Burlington, WA 98233  
207604-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/28/2022

<b>Document Title(s):</b>  Death Certificate
<b>Reference Number(s) of Documents assigned or released:</b> (on page __ of document(s))
<b>Grantor(s):</b>  State of Washington
<b>Additional Names on page __ of document.</b>
<b>Grantee(s):</b>  Garvis Oscar Lee Hardin
<b>Additional Names on page __ of document.</b>
<b>Abbreviated Legal Description:</b>  Lot 24, Mountain Vista Addition
<b>Additional legal is on page __ of document.</b>
<b>Tax Parcel Number(s):</b>  3960-000-024-0004/P67657

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-006505

LOCAL FILE NUMBER: 266

DATE ISSUED: 03/27/2014

FEE NUMBER: 0000000029

GIVEN NAMES: GARVIS OSCAR LEE  
LAST NAME: HARDIN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 23, 2014  
HOUR OF DEATH: 06:45 A.M.  
SEX: MALE  
AGE: 71 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: JUDY SELLNER

OCCUPATION: CARPENTER  
INDUSTRY: RESIDENTIAL CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: BOB HARDIN  
RELATIONSHIP: BROTHER  
ADDRESS: 8297 GARDE OF EDEN ROAD, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 9295 PROSPECT STREET  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: JAMES HARDIN  
MOTHER: CAROL

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA  
CITY, STATE, ZIP: FERNDALE, WA  
DISPOSITION DATE: MARCH 26, 2014

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GLIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:  
A. ASPIRATION PNEUMONIA  
INTERVAL: 5 DAYS  
B. VESTIBULAR SCHMANNOMA  
INTERVAL: 1 MONTH  
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:

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

CERTIFIER NAME: H EDWIN STICKLE, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
DATE SIGNED: MARCH 24, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 190  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: MARCH 25, 2014

DOH 01-003 (1/13)



# Affidavit for Correction

11/28/2022 02:16 PM

Center for 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

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:      2. Date of Event:      3. Place of Event: (City or County)

4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution      5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6.  
8.  
10.  
12.

7.  
9.  
11.  
13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)      Telephone Number:

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

15. Signature:      16. Date:      17. Address:

All vital records are registered as received.

**We do not accept as proof:** Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof: Certificate of Naturalization      Numident Report (Social Security Administration)      School Transcripts (Official)  
Hospital /Medical Record      Military Record (DD-214)      Voter's Registration Card (if it bears an effective date)  
Life Insurance Policy      Birth Record      Alien Registration Card (front and back)  
Marriage/Divorce Record      Passport

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

### 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 someone other than the informant listed on the certificate. 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.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2013

# \*CERTIFIED\*

MAR 27 2014

*Howard Leibrand*  
Snohomish County Health Department  
Howard Leibrand M.D., Health Officer

YY00214931