



202303130090

03/13/2023 02:06 PM Pages: 1 of 3 Fees \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 5TH
MAR 13 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By *UT* Deputy

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. DONALD WILLIAM JOHNSON

2.

Grantee(s):

☐ additional grantee names on page ____.

1. STATE OF WASHINGTON

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LT 125, BLK 1, LAKE CAVANAUGH SUBDIVISION #2

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P66603

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number		3282 Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First Middle LAST			2. Death Date		
Donald William Johnson			3/28/2012		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Male	62	Months	Days		King
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
	Seattle	Washington	High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?
No			White		No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
641 NW 84th St				Seattle	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
King		WA	98117	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
35 Years	Married	Marjie Young			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)					
Facilities Superintendent University of Washington					
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
William Johnson			Audrey		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Marjie Johnson		Wife	641 NW 84th St Seattle, WA 98117		
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:					
Decedent's Home					
25. Facility Name (if not a facility, give number & street or location)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
641 NW 84th Street			Seattle	WA	98117
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Washelli Crematory		Seattle, WA	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Evergreen-Washelli Funeral Homes and Cemeteries 11111 Aurora Ave. N. Seattle, WA 98133				4/4/2012	
33. Funeral Director Signature X					
Cause of Death (See Instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
Interval between Onset & Death					
Interval between Onset & Death					
Interval between Onset & Death					
Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street		City or Town: County: State: Zip Code + 4:		Apt. No.	
46. Describe how injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place (and due to the cause(s) and manner stated					
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)	
Michael S Milder 1221 Madison St #200 Seattle WA 98104				1630	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)	
				3/28/12	
53. Title of Certifier	54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD	MD00012849	12-2124		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)	
				APR 4 2012	
59. Amendments					



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Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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
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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): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:**The Record now shows:****The True fact is:**

6.	7.
8.	9.
10.	11.
12.	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.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization
Hospital Records
Insurance Records
Marriage/Divorce Records

Medical Record
Military Record (DD-214)
Birth Record
Passport

School Transcripts
Voter's Registration Card (if it bears an effective date)
Alien Registration Card (front and back)
We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

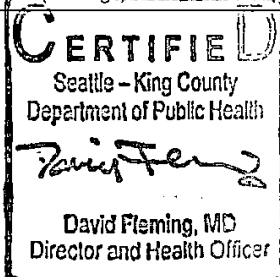
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- 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 2/14/11



VV00372996

APR 25 2012