



202303210116

03/21/2023 02:45 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 5874
MAR 21 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

Document Title:

Death Certificate

Reference Number :

Grantor(s):

additional grantor names on page ___

1. Ted R. Pritchard, L/E (deceased)

2.

Grantee(s):

additional grantee names on page ___

1. Fred R. Pritchard and Sara Pritchard, husband and wife

2.

Abbreviated legal description:

full legal on page(s) ___

1AC TR & HOUSE PTN LT 1, 15-35-7; PTN LT 1, 15-35-7; PTN LT 1 SD S/P NW1/4 NW1/4
SE1/4, 15-35-7; PTN LT AKA PTN NE1/4 NW1/4 SE1/4, 15-35-7, LESS 1AC TR & HOUSE;
PTN LT 2, 15-35-7; PTN LT3, 15-35-7, S OF RD; PTN LT3, 15-35-7; PTN LT 2, SW1/4 NW1/4
SE1/4, 15-35-7

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P42748 / 350715-4-002-0104; P108669 / 350715-4-002-0800; P108650 / 350715-4-002-0600;

P42751 / 350715-4-002-0401; P42750 / 350715-4-002-0302; P108649 / 350715-4-002-0500

P108668 / 350715-4-002-0700; P42747 / 350715-4-002-0005

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

1463 18327 STATE FILE NUMBER

1. DISTRICT

442-03 LOCAL FILE NUMBER

2. COPIES

1. NAME First Middle Last TED RILEY PRITCHARD 2. SEX (M/F) Male 3. DEATH DATE (Mo, Day, Yr) May 24, 2003

3. HOSPITAL

4. AGE LAST BIRTHDAY (Yr) 79 5. UNDER 1 YEAR MOS 6. UNDER 1 DAY HOURS MINS 7. BIRTHDATE (Mo, Day, Yr) 8. BIRTHPLACE (City, State or Foreign Country) Norwalk, Iowa 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes 10. COUNTY OF DEATH Skagit

4. OCCURRENCE

11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley 12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. REMOVAL PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Life Care Center of Skagit Valley 13. SMOKING IN LAST 15 YEARS? (Yes / No) No

5. RESIDENCE

14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) Widowed 15. SURVIVING SPOUSE (If wife, give maiden name) 16. SOCIAL SECURITY NO. 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Cement Worker 19. KIND OF BUSINESS OR INDUSTRY Cement Production 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) No 21. RACE (Specify) Caucasian

6. TRACT

22. RESIDENCE - NUMBER AND STREET 7649 Rietz St Apt 24 23. CITY/TOWN, OR LOCATION Concrete 24. INSIDE CITY LIMITS (Yes / No) Yes 25A. COUNTY Skagit 25B. LENGTH OF RES. IN CO. 62 yrs 26. STATE WA 27. ZIP CODE 98237

7. OCCUPATION

28. FATHER'S NAME - FIRST, MIDDLE, LAST Charles E. Pritchard 29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Jennie R.

8. TRACT

30. INFORMANT - NAME Shirley Claybo 31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 8428 Russell Rd Concrete, WA 98237

9. TRACT

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial 33. DATE (Mo, Day, Yr) May 29, 2003 34. CEMETERY/CREMATORY - NAME Hamilton Cemetery 35. LOCATION - CITY/TOWN, STATE Hamilton, WA

10. TRACT

36. FUNERAL DIRECTOR SIGNATURE 37. NAME OF FACILITY Lemley Chapel Inc 1008 Third St 38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284

11. TRACT

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. 40. DATE SIGNED (Mo., Day, Yr) 5-27-03 41. HOUR OF DEATH (24 Hrs) 1716

12. TRACT

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Geoffrey Spielmann MD 2061 Hospital Dr Sedro-Woolley, WA 98284 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. 44. DATE SIGNED (Mo., Day, Yr) 45. HOUR OF DEATH (24 Hrs.) 46. PRONOUNCED DEAD (Mo., Day, Yr) 47. HOUR PRONOUNCED DEAD (24 Hrs.) 48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Geoffrey Spielmann MD 2061 Hospital Dr Sedro-Woolley, WA 98284 49. ME/CORONER FILE NUMBER

13. TRACT

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). A. Pneumonia INTERVAL BETWEEN ONSET AND DEATH days

14. TRACT

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH C. DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH D. DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH

15. TRACT

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Aortic Ischemic left leg DVT, 100mm, HTN 52. AUTOPSY? (Yes / No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No

16. TRACT

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 55. INJURY DATE (Mo, Day, Yr) 56. HOUR OF INJURY (24 Hrs) 57. DESCRIBE HOW INJURY OCCURRED: 58. INJURY AT WORK? (Yes / No) 59. PLACE OF INJURY - AT, HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) 60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

17. TRACT

61. RECORD AMENDMENT (Registrar use only) DOCUMENTARY EVIDENCE REVIEWED BY DATE 62. REGISTRAR SIGNATURE x Dorothy Epps, deputy 63. DATE RECEIVED (Mo., Day, Yr) MAY 28 2003

18. TRACT

FOR INSTRUCTIONS SEE BACK AND HANDBOOK DOH 110-008 (Rev. 7/01) (formerly DSHS 9-150)

19. TRACT

NOT VALID IF PHOTOCOPIED OR ALTERED

20. TRACT

21. TRACT

22. TRACT

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41. TRACT

42. TRACT



Affidavit for Correction

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

Mail to: Center for Health Statistics
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 Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				

7. Return Mailing Address: PO 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:		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:	Date:	Printed name:	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 from 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 their own 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

- 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.

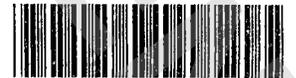


This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, Deputy State Registrar.

Katherine Hutchinson

ISSUED

FEB 28 2023



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