

202303210117
03/21/2023 02:45 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2023 5875
MAR 21 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

Document Title:
Death Certificate

Reference Number :

Grantor(s): additional grantor names on page ____

- 1. Retha L. 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

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

30 LOCAL FILE NUMBER

Washington SubRegistrar Health CERTIFICATE OF DEATH

146 03450 STATE FILE NUMBER

Form fields including: 1. NAME: RETHA LaRUE PRITCHARD; 2. SEX: Female; 9. DEATH DATE: January 17, 2000; 11. CITY: Mount Vernon; 12. PLACE OF DEATH: Life Care Center; 14. MARITAL STATUS: Married; 15. SURVIVING SPOUSE: Ted R. Pritchard; 18. USUAL OCCUPATION: Cook; 22. RESIDENCE: 7649 S Reitz St # 10; 28. FATHER'S NAME: Bascomb, Reece; 29. MOTHER'S NAME: Susie; 30. INFORMANT: Shirley Claybo; 32. BURIAL: Burial; 33. DATE: Jan 22, 2000; 34. CEMETERY: Hamilton Cemetery; 36. FUNERAL DIRECTOR: Richard Lemley; 39. SIGNATURE: Vandy Smith MD; 40. DATE SIGNED: January 17, 2000; 41. HOUR OF DEATH: 0354 hrs; 42. NAME AND TITLE OF ATTENDING PHYSICIAN: Vandy Smith, MD; 43. SIGNATURE AND TITLE: Vandy Smith MD; 44. DATE SIGNED: January 17, 2000; 45. HOUR OF DEATH: 0354 hrs; 48. NAME AND ADDRESS OF CERTIFIER: Vandy Smith, MD, 1952 Hospital Dr., Sedro-Woolley, WA 98284; 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: Pneumonia; 51. OTHER SIGNIFICANT CONDITIONS: Alzheimer's disease; 52. AUTOPSY?: No; 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?: No; 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; 61. RECORD AMENDMENT (Registrar use only); 62. REGISTRAR SIGNATURE: Sharon D. Benson, Deputy; 63. DATE RECEIVED (Mo., Day, Yr): 1-18-2000

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A DOH 422-131 (6/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

Mail to: 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
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Required	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

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 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.

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.

*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.

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.



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



0 6 3 0 6 5 7 2

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