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05/08/2023 03:15 PM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

REVIEWED BY  
SKAGIT COUNTY TREASURER

DEPUTY Sera Thompson

DATE 5.8.23

Document Title:

Death Certificate - Clifford Rise

Reference Number: 201804090146

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. Estate of Helen Rise

2. Clifford Rise

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. THE PUBLIC

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

Lot 4, Skyline Division No. 8

Assessor Parcel / Tax ID Number:

3824-000-004-0004 / P59660

☐ additional tax parcel number(s) on page \_\_\_\_.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-011358

DATE ISSUED: 03/13/2018  
FEE NUMBER:FIRST AND MIDDLE NAME(S): CLIFFORD KENNETH  
LAST NAME(S): RISECOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 06, 2018  
HOUR OF DEATH: 01:30 PM  
SEX: MALE AGE: 92 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTH PLACE: EAST STANWOOD, WAMARITAL STATUS: MARRIED  
SPOUSE: HELEN MARION TILLMANOCCUPATION: REALTOR  
INDUSTRY: REAL ESTATE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YESINFORMANT: MARK RISE  
RELATIONSHIP: SON  
ADDRESS: P.O. BOX 1558, ANACORTES, WA 98221CAUSE OF DEATH:  
A: END STAGE RENAL FAILURE  
INTERVAL: 10 DAYS  
B: DIABETIC NEPHROPATHY  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, DIABETIC  
FOOT INFECTION WITH GANGRENEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: FIDALGO CARE CENTER  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 5205 KINGSWAY  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARSFATHER/PARENT: INGEBRIGHT OLSEN RISE  
MOTHER/PARENT: [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: ANDERSON CEMETERYCITY, STATE: STANWOOD, WASHINGTON  
DISPOSITION DATE: MARCH 14, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOHN HAASMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: NANCY H. LLEWELLYN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: PO BOX 190  
CITY, STATE, ZIP: LA CONNER, WA 98259  
DATE SIGNED: MARCH 12, 2018CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: MARCH 13, 2018



## 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 information must match current information on record

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 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
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Telephone Number: ( )	Email Address:
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## 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:	16b. Signature of 2 <sup>nd</sup> parent (if required):
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Printed name:	Date:	Printed name:	Date:
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INSTRUCTIONS – go to [www.doh.wa.gov](http://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



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

\*CERTIFIED\*

MAR 13 2018

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



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