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05/18/2023 03:06 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6820

MAY 18 2023

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

Document Title:

DEATH CERTIFICATE

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. STATE OF WASHINGTON

2.

Grantee(s):

☐ additional grantee names on page ____.

1. C. BRUCE ALBERT

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LT 5, PLAT OF CEDARWOOD

Assessor Parcel / Tax ID Number:

P100762

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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 447-05		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST			2. Death Date		
C. Bruce Albert			June 8, 2005		
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	96	Months	Days		Skagit
7. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education			
Columbus	Nebraska	Bachelor's Degree			
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			Caucasian		Yes
13a. Residence: Number and Street (e.g. 524 SE 5 th St.) (Include Apt. No.)			13b. City or Town		
109 Cedarwood Place			Mount Vernon		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit			Washington	98273	<input checked="" 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 Name (Give name prior to first marriage)	
13 Years		Married		Jean M. Willoughby	
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)		
Investigator			State Government		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Isaiah Lafayette Albert			Jean Bruce		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Jean M. Albert		Spouse	109 Cedarwood Place Mount Vernon, WA 98273		
24. Place of Death, if Death Occurred in a Hospital					
Inpatient					
25. Facility Name (If not a facility, give number & street or location)			26a. City, Town, or Location of Death		26b. State
Skagit Valley Hospital			Mount Vernon		WA
27. Zip Code		28. Method of Disposition			
98274		Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State		
Mount Vernon Crematory			Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility			32. Date of Disposition		
Kern Funeral Home 1122 South Third St. Mount Vernon, WA 98273			June 13, 2005		
33. Funeral Director Signature X					
Rep E. Watt					
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) → a. <u>Renal Failure - acute on chronic</u> Weeks					
Due to (or as a consequence of) b. <u>Renovascular Disease</u> Years					
Due to (or as a consequence of) c. <u>Atherosclerosis / Hypertension</u> Years					
Due to (or as a consequence of) d. <u>Congestive heart failure</u>					
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 checked="" 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"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 checked="" 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?
DNA					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street			Apt. No.		
City or Town			County		
State			Zip Code + 4		
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, not occurred at the time, date, and place, and was the cause of death (Type or Print)			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 or causes stated (Type or Print)		
x Robert Slind MD			x		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			50. Hour of Death (24hrs)		
Robert Slind MD 1400 E. Kincaid St. Mount Vernon, WA 98274			1608		
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))			52. Date Signed (mm/dd/yyyy)		
			06/09/05		
53. Title of Certifier		54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
Physician		12200			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature			58. Date Received (mm/dd/yyyy)		
x Corrine Anderson, Deputy			JUN 10 2005		
59. Amendments					



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/98)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:												
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)														
Insurance Records	Birth Record	Alien Registration Card (front and back)														
Marriage/Divorce Records	Passport															
<p>Birth Certificates:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> - 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) 																
<p>Death Certificates:</p> <ol style="list-style-type: none"> 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. 																
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> 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 023 (Rev. 9/2002)

CERTIFIED

JUN 10 2005

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

MM00420823