

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/16/2023

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

STAPLETON, LESLIE M.

Additional names on page _____ of document

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

Lot 11 of SKAGIT COUNTY SHORT PLAT NO. 90-87

Additional legal on page _____ of document

ASSESSOR'S PARCEL/TAX I.D. NUMBER: 330405-1-005-0005 / P16363

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional reference numbers on page _____ of document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-027417

DATE ISSUED: 06/12/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LESLIE MELINDA
LAST NAME(S): STAPLETON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 31, 2023
HOUR OF DEATH: 07:28 PM
SEX: FEMALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 18455 BURKLAND RD.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: MAURICE DARTER
MOTHER: JANET [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL JOSEPH STAPLETON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

OCCUPATION: DELI MANAGER
INDUSTRY: GROCERY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: PUYALLUP, WASHINGTON
DISPOSITION DATE: JUNE 07, 2023

INFORMANT: MICHAEL JOSEPH STAPLETON
RELATIONSHIP: SPOUSE
ADDRESS: 18455 BURKLAND RD. MOUNT VERNON, WA 98274

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: JUSTINE E. WHITE

CAUSE OF DEATH:

- A: BILATERAL PULMONARY EMBOLISMS
INTERVAL: 3 DAYS
B: ADENOCARCINOMA OF LUNG WITH METASTASIS TO BONE
INTERVAL: MONTHS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: DOUGLAS HAYES, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 06, 2023

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: TAMAS UNGAR, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 06, 2023



Affidavit for Correction 06/16/2023 11:06 AM Page 3 of 6

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

Washington State Department of 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

Required information must match current information on record
Record Type: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box or Street Address State Zi
Telephone Number: Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record currently shows: and The true fact is: with rows 8, 9, 10, 11, 12, 13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: Printed name: Date: 14b. Signature of 2nd parent (if required): Printed name: Date:

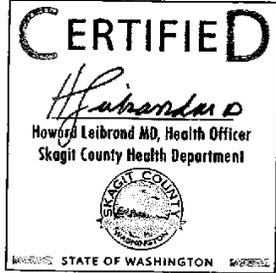
INSTRUCTIONS - go to www.doh.wa.gov for more information

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 form 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 his or her 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
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.



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



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