

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]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MICHAEL JOSEPH STAPLETON

OCCUPATION: DELI MANAGER

INDUSTRY: GROCERY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MICHAEL JOSEPH STAPLETON

RELATIONSHIP: SPOUSE

ADDRESS: 18455 BURKLAND RD. MOUNT VERNON, WA 98274

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:

DATE 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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

FATHER: MAURICE DARTER

MOTHER: JANET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON

DISPOSITION DATE: JUNE 07, 2023

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201

CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372

FUNERAL DIRECTOR: JUSTINE E. WHITE

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

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

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: TAMAS UNGAR, PHYSICIAN

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JUNE 06, 2023

DOH422-1826KAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



DOH 422-034 August 2019

Affidavit for Correction

06/16/2023 11:26 AM Page 3 of 6

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

 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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(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)	
	First Middle Last/Maiden	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:	State	Zip
PO Box or Street Address		
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 foregoing is true and correct.

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

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.

*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

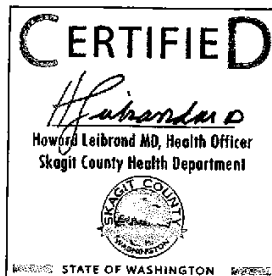
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



0 6 5 5 7 3 8 2