

After Recording, please return to:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
208998-LT

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20237116
Date 06/30/2023

Document Title(s): Death Certificate
Reference Number(s) of Documents assigned or released: (on page <u>n/a</u> of document(s)) n/a
Grantor(s): State of Washington
Additional Names on page of document.
Grantee(s): Richard E. Boggio
Additional Names on page of document.
Abbreviated Legal Description: Tract B, Blk 1003, Revised Survey 9406230072, AKA ptn Lot 3, all of Lots 4 & 5, Blk 1003 Northern Pacific Add.
Additional legal is on page of document.
Tax Parcel Number(s): 3809-003-005-0100/P106722

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-005739

LOCAL FILE NUMBER: 241

DATE ISSUED: 03/14/2014

FEE NUMBER: 0000000029

GIVEN NAMES: RICHARD EDWARD
LAST NAME: BOGGIOCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 07, 2014
HOUR OF DEATH: 09:00 A.M.
SEX: MALE
AGE: 81 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE:
BIRTHPLACE: RED LODGE, MONTANAMARITAL STATUS: MARRIED
SPOUSE: GRACE CAROL MOEOCCUPATION: EDUCATOR
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NOINFORMANT: GRACE C. BOGGIO
RELATIONSHIP: SPOUSE
ADDRESS: 3508 W 2ND ST, ANACORTES, WA 98221PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: HOMEPAGE SPECIAL CARE CENTER
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 3508 WEST 2ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARSFATHER: RICHARD PETER BOGGIO
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: MARCH 14, 2014FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAMCAUSE OF DEATH:
A. RENAL FAILURE
INTERVAL: 4 DAYS
B. HYPERTENSION
INTERVAL: YEARS
C. PERIPHERAL VASCULAR DISEASE
INTERVAL: YEARS
D.
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH:
SUBDURAL HEMATOMA 12/13, FRACTURED RIGHT HIP 2/28/14, DEMENTIA RELATED TO CHRONIC ILLNESS AND TRAUMATIC BRAIN INJURYDATE OF INJURY: FEBRUARY 28, 2014
HOUR OF INJURY: UNKNOWN
INJURY AT WORK? NO
PLACE OF INJURY: HOME PLACELOCATION OF INJURY: 210 N SKAGIT ST
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGITDESCRIBE HOW INJURY OCCURRED:
FELL AT HIS ASSISTED LIVING HOME UNCLEAR HOW THAT
HAPPENEDMANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: KAREN M. BOLTON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1220 22ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: MARCH 12, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLECASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA 169
ATTENDING PHYSICIAN:
KAREN BOLTON MD

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONELOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: MARCH 14, 2014



Affidavit for Correction

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Center for Health Statistics
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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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)
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4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
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:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital / Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	

Birth Certificates:

- 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.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

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 someone other than the informant listed on the certificate. 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.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- 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 023a January 2013

CERTIFIED

MAR 14 2014

Howard Letbrand
Skagit County Health Department
Howard Letbrand M.D., Health Officer

YY00214609