



202311020019

11/02/2023 08:55 AM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When recorded return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 8636  
NOV 02 2023

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

COVER SHEET

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. Donna Raye Beals

2. \_\_\_\_\_

Abbreviated legal description: ( X ) full legal on page \_\_\_\_

Lt 60, Plat of Spring Meadows Div. No. II

\_\_\_\_\_

Parcel/Tax ID Number: ( ) additional tax parcel number(s) on page \_\_\_\_

P116094

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-049572

DATE ISSUED: 10/12/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA RAYE  
LAST NAME(S): BEALS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 06, 2023  
HOUR OF DEATH: 08:50 PM  
SEX: FEMALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: NO DIPLOMA; 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: ERIC MCNEIL  
RELATIONSHIP: SON  
ADDRESS: 443 SPRING LANE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: B-CELL LYMPHOMA  
INTERVAL: 6 MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE, CONGESTIVE HEART FAILURE, FALL ON 10/2/23 WITH  
MARKED DECLINE

DATE OF INJURY: OCTOBER 02, 2023  
HOUR OF INJURY: 03:00 AM PRESUMED  
INJURY AT WORK: NO  
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 443 SPRING LANE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 443 SPRING LANE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 443 SPRING LANE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: AUTHUR MATAYA  
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 13, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: ACCIDENT  
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 RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: OCTOBER 09, 2023

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 231009-761  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER  
DATE RECEIVED: OCTOBER 12, 2023



# Affidavit for Correction

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

Mail to: Center for 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
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Required	Required information must match current information on record			
	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 Birth 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 <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: PO Box or Street Address		City	State	Zip
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 forgoing is true and correct.

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

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

#### 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.

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.

### Death Certificates

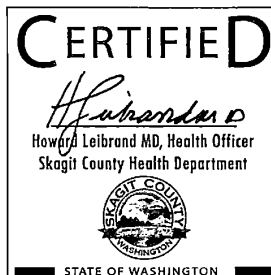
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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