

WHEN RECORDED RETURN TO:

Phillip S. Evans
3899 Isaacson Road
Bellingham, WA 98226

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/30/2023

209397-LT, Land Title and Escrow

DOCUMENT TITLE(S):
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
State of Washington

GRANTEE:
Betty Joan Evans

ABBREVIATED LEGAL DESCRIPTION:
ptn NW NW, 9-34-2 E W.M.

TAX PARCEL NUMBER(S):
340209-2-006-0009/P20237

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-024910

DATE ISSUED: 05/23/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BETTY JOAN
LAST NAME(S): EVANS

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: MAY 16, 2023
HOUR OF DEATH: 09:30 AM
SEX: FEMALE AGE: 99 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: SILVERADO OF BELLINGHAM, 400 COLUMBINE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

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

RESIDENCE STREET: 4400 COLUMBINE DRIVE
CITY, STATE, ZIP: BELLINGHAM, WA 98226
INSIDE CITY LIMITS: YES COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE:
BIRTHPLACE: HUNTINGTON, IN

FATHER: WILBUR WALLACE
MOTHER: UNKNOWN

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 23, 2023

INFORMANT: PHIL EVANS
RELATIONSHIP: SON
ADDRESS: 3899 ISAACSON ROAD, BELLINGHAM, WA, 98226

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

CAUSE OF DEATH:
A: SENILE DEMENTIA
INTERVAL: YEARS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSON

OTHER CONDITIONS CONTRIBUTING TO DEATH: IDIOPATHIC
THROMBOCYTOPENIC PURPURA, HYPERTHYROIDISM

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

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

CERTIFIER NAME: MEGAN B. ELLINGSEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: MAY 18, 2023

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TREVOR A. MULLINS
DATE RECEIVED: MAY 23, 2023



Affidavit for Correction

11/30/2023 09:49 Printed for Health Statistics
P.O. Box 47814
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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Required information must match current information on record

Required

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)
First Middle Last/Maiden First Middle Last/Maiden

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: City 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: Date: 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.

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

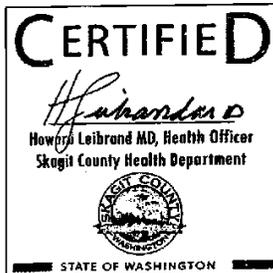
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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