

202401080029

01/08/2024 10:50 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 9276
JAN 08 2024

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

Document Title: Washington State
Certificate of death

Reference Number: 201703300082

Grantor(s): additional grantor names on page ___

1. State of Washington
- 2.

Grantee(s): additional grantee names on page ___

1. Donald Carl Jewell (deceased)
- 2.

Abbreviated legal description: full legal on page(s) ___

The N 1/2 of that PTN of the NE 1/4 of the
NE 1/4 of Section 20, TOWNSHIP 36 NORTH
Range 4 E, W.M

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P49540



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-000013

DATE ISSUED: 01/03/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD CARL

LAST NAME(S): JEWELL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 02, 2024

HOUR OF DEATH: 11:10 AM

SEX: MALE AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 14, 1935

BIRTHPLACE: ABILENE, TX

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: UPHOLSTERER

INDUSTRY: FURNITURE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: KATHRYN JEWELL

RELATIONSHIP: DAUGHTER

ADDRESS: 4528 HUMPHREY HILL ROAD SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: DEMENTIA - LIKELY VASCULAR

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, WEIGHT LOSS, BLADDER INFECTIONS, DENTAL
INFECTIONS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 3065 BUTLER CREEK ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 3065 BUTLER CREEK ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: VERNON JEWELL

MOTHER: ALMA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JANUARY 03, 2024

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION
SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JANUARY 02, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER

DATE RECEIVED: JANUARY 03, 2024



Affidavit for Correction

Mail to: Center 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

Form fields: State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Form fields: Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record

Form fields: 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:

Form fields: The record currently shows (8, 10, 12), The true fact is (9, 11, 13)

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

Form fields: 14a. Signature, 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

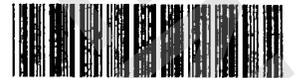
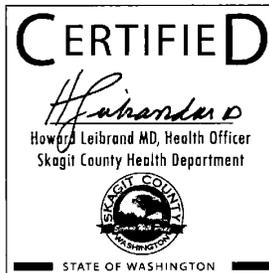
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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