



202401080052

01/08/2024 04:09 PM Pages: 1 of 4 Fees: \$21.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 9279
JAN 08 2024

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

Document Title:
DEATH CERTIFICATE

Reference Number : 201504010062

Grantor(s):

additional grantor names on page ____.

1. WASH. STATE OF

2.

Grantee(s):

additional grantee names on page ____.

1. WARTCHOW, ELIZABETH EILEEN

2.

Abbreviated legal description:

full legal on page(s) 2.

LTS 1-2 PTN LT 3 BL 1 SHAE'S HOME ADD
NW NW 17/35/06

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P74563 & P41320

EXHIBIT A

Current Legal Description

P74563

(0.4400 ac) LOT 3, EXCEPT THE SOUTH 24 FEET THEREOF, AND ALL OF LOTS 1 AND 2, BLOCK 1, SHEA'S HOME ADDIITON TO THE TOWN OF LYMAN, SKAGIT CO., WASH., AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 86, RECORDS OF SKAGIT COUNTY, WASHINGTON.

P41320

Current Legal Description

(0.9000 ac) THAT PORTION OF THE FOLLOWING DESCRIBED PARCEL LYING SOUTH OF THE RIGHT OF WAY OF STATE HIGHWAY 20; THE NORTH HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M., EXCEPT THE PUGET SOUND AND BAKER RIVER RAILWAY RIGHT OF WAY, AND EXCEPT THAT PORTION LYING NORTHERLY OF SAID RIGHT OF WAY, AND ALSO EXCEPT THE WEST 200 FEET AND THE EAST 500 FEET OF SAID NORTH HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER LYING SOUTHERLY OF THE HIGHWAY.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-055132

DATE ISSUED: 08/23/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELIZABETH EILEEN
LAST NAME(S): WARTCHOW

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 12, 2020
HOUR OF DEATH: 05:46 PM
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SHELBY, MT

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CITY CLERK
INDUSTRY: LOCAL GOVERNMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: MICHAEL WARTCHOW
RELATIONSHIP: SON
ADDRESS: 1620 TOWNSHIP ST, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 1 HOUR
B: ARTERIAL VASCULAR DISEASE
INTERVAL: YEARS

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RENOVASCULAR
HYPERTENSION, TYPE II DIABETES

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: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 8132 LYMAN AVE
CITY, STATE, ZIP: LYMAN, WA 98263
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: ADAM JOHN GOTTFRIED
MOTHER: ELIZABETH OLGA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: NOVEMBER 30, 2020

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

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

CERTIFIER NAME: ERIC STARK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DR
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
DATE SIGNED: NOVEMBER 30, 2020

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

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: NOVEMBER 30, 2020



Affidavit for Correction

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

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

Required information must match current information on record

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)
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: 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and 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.

14a. Signature: Printed name: Date:
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

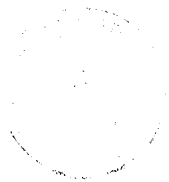
- If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); 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.

Death Certificates

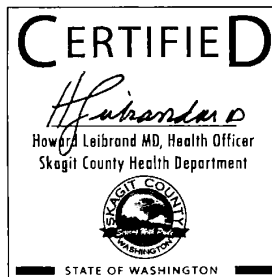
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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