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04/03/2024 01:24 PM Pages: 1 of 4 Fees: \$21.00  
Skagit County Auditor

SKAGIT COUNTY, WASHINGTON  
REAL ESTATE EXCISE TAX

2024 0119  
APR 03 2024

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

Document Title:

Death Certificate

Reference Number :

Grantor(s):

1. State of Washington

2.

additional grantor names on page \_\_\_\_.

Grantee(s):

1. Ardelle Leach

2.

additional grantee names on page \_\_\_\_.

Abbreviated legal description:

LOT 15, VEDERE TERRACE

PTN GLT 1 2-34-3

SEE EXHIBIT A ATTACHED

full legal on page(s) \_\_\_\_.

Assessor Parcel / Tax ID Number:

70156 & 21011

additional tax parcel number(s) on page \_\_\_\_.

UNOFFICIAL DOCUMENT

**EXHIBIT A**

P21011

**ABBREVIATED LEGAL:** Tract 15, Plat of Verde Terrace,  
and a portion of Government Lot 1, Section 2, Township 34 North, Range 3 East of  
W.M., (situated in the NE ¼ of Section 2, Twp 34 N, Range 3 E. W.M.)

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE  
OF WASHINGTON:

TRACT FIFTEEN (15) PLAT OF VEDERE TERRACE, AS PER PLAT RECORDED IN VOLUME 7 OF  
PLATS, PAGE 84, RECORDS OF SKAGIT COUNTY.

ABBREVIATED LEGAL: VEDERE TERRACE TRACT 15

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR  
MINERAL RIGHTS OF RECORD, IF ANY.

BEING THE SAME PREMISES CONVEYED TO DONALD A. LEACH AND ARDELLE E. LEACH,  
HIS WIFE FROM WAYNE JURGENA AND AUDREY L. JURGENA, HIS WIFE BY STATUTORY  
WARRANTY DEED DATED 9/11/1959, AND RECORDED ON 9/21/1959, DOCUMENT # 585860, IN  
SKAGIT COUNTY, WA.

ASSESSORS PARCEL NUMBER: P70156

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-001344

DATE ISSUED: 01/16/2024  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ARDELLE  
LAST NAME(S): LEACH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 14, 2024  
HOUR OF DEATH: 12:55 AM  
SEX: FEMALE AGE: 94 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: CREEKSIDE CONTINUING CARE COMMUNITY  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 400 GILKEY ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WA

FATHER: OLIVER W NELSON  
MOTHER: VERA [REDACTED]

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: TEACHER  
INDUSTRY: SCHOOL DISTRICT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 16, 2024

INFORMANT: ERIN WALKER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 17004 MARLEE DRIVE, BURLINGTON, WA, 98233

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: PARKINSON'S DISEASE  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA, COGNITIVE DECLINE, POSTURAL HYPOTENSION

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

CERTIFIER NAME: LISSA ANDERSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 15, 2024

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: CHRISTIAN G. STECHER  
DATE RECEIVED: JANUARY 16, 2024



# Affidavit for Correction

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**

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) 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  Self  Guardian  Informant  Hospital Person on Record:  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:**

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: Date: Printed name: 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 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**

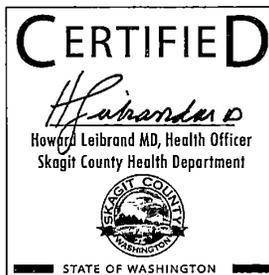
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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