

202404190060

04/19/2024 03:36 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

**Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221**

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/19/2024

211425-LT,

**DOCUMENT TITLE(S):
CERTIFICATE OF DEATH**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
Maria Ann Lemons**

**GRANTEE:
Public**

**ABBREVIATED LEGAL DESCRIPTION:
West half of Lot 18, and all of Lots 19 & 20, Block 3, Kellogg & Ford's Addition**

**TAX PARCEL NUMBER(S):
3800-003-020-0006/P57697**

LPB 01-05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-004124

DATE ISSUED: 01/27/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARBA ANN
LAST NAME(S): LEMONSCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 25, 2023
HOUR OF DEATH: 07:45 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER:PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2220 30TH ST
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 2220 30TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARSBIRTH DATE:
BIRTHPLACE: ROGGIANO GRAVINA ITALYFATHER: OTTAVIO STELLA
MOTHER:MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LARRY GLENN LEMONSMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GETHSEMANE CEMETERYOCCUPATION: LEAD COOK
INDUSTRY: STATE FERRY SYSTEM
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOCITY, STATE: FEDERAL WAY, WASHINGTON
DISPOSITION DATE: FEBRUARY 03, 2023INFORMANT: LARRY GLENN LEMONS
RELATIONSHIP: HUSBAND
ADDRESS: 2220 30TH ST, ANACORTES, WA, 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONCAUSE OF DEATH:
A: CIRRHOSIS OF THE LIVER
INTERVAL: YEARS
B: HEPATOCELLULAR CARCINOMA
INTERVAL: YEARS
C: HEPATITIS B
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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 RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: KELLE BROGAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 316 E MCLEOD RD #101
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: JANUARY 26, 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

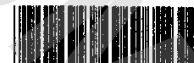
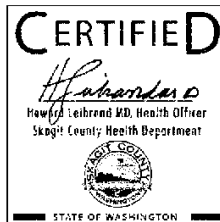
LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 27, 2023

DOH 402-152 (2/15)

NOT VALID IF PHOTOCOPIED OR ALTERED

 DOH 422-004 August 2019	<h3 style="margin:0;">Affidavit for Correction</h3> <p style="margin:0;">This is a legal document. Complete in ink and do not alter.</p>	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	
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:	2. Date of Event:
	3. Place of Event:	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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____	
	7. Return Mailing Address:	
Telephone Number:	Email Address:	
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:		
8. The record currently shows:		9. The true fact is:
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 2 nd 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. *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.



0 6 5 6 0 7 8