



202404220055

04/22/2024 02:08 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 0340  
APR 22 2024

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

**Return Address:**  
Kari A. Brotherton  
Ryan, Swanson & Cleveland, PLLC  
401 Union Street, Suite 1500  
Seattle, WA 98101-2668

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

**Document Title(s)** (or transactions contained therein): (all areas applicable to your document must be filled in)

DEATH CERTIFICATE

**Reference Number(s) of Documents assigned or released:**

AFN 202111290044

**Grantor(s)** Exactly as name(s) appear on document

1. CARLA ASHLOCK

2. \_\_\_\_\_

Additional names on page \_\_\_\_ of document.

**Grantee(s)** Exactly as name(s) appear on document

1. DEREK DUKE ASHLOCK

2. DENA SIMONE ASHLOCK

Additional names on page \_\_\_\_ of document.

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

PTN SW SE, 08-35-04 and PTN NE NW 17-35-04

Additional legal is on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number**

Assessor Tax # not yet assigned

P36803/350417-0-004-0002, P35960/350408-4-004-0005, P36806/350417-1-004-0000

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-014299  
FIRST AND MIDDLE NAME(S): CARLA MODENE  
LAST NAME(S): ASHLOCK

DATE ISSUED: 03/26/2024  
FEE NUMBER: 310324

COUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 21, 2024  
HOUR OF DEATH: 05:30 PM  
SEX: FEMALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: OVERLAKE HOSPITAL MEDICAL CENTER  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004-4686

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

RESIDENCE STREET:  
CITY, STATE, ZIP: REDMOND, WA 98052-3137  
INSIDE CITY LIMITS: YES COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE:  
BIRTHPLACE: LONG BEACH, CA

FATHER:  
MOTHER:

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DONALD WILLIAM ASHLOCK

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: CEDAR LAWN MEMORIAL PARK

OCCUPATION: MANAGER - PROPERTY  
INDUSTRY: REAL ESTATE  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: REDMOND, WASHINGTON  
DISPOSITION DATE: APRIL 01, 2024

INFORMANT: DONALD WILLIAM ASHLOCK  
RELATIONSHIP: HUSBAND  
ADDRESS:

FUNERAL FACILITY: CEDAR LAWN'S FUNERAL HOME  
ADDRESS: 7200-180TH AVENUE NE  
CITY, STATE, ZIP: REDMOND, WASHINGTON 98052  
FUNERAL DIRECTOR: LINDZIE A. BRETT

CAUSE OF DEATH:  
A: HEPATIC ENCEPHALOPATHY  
INTERVAL: 7 DAYS  
B: ENDSTAGE LIVER DISEASE  
INTERVAL: 3 YEARS  
C: NON ALCOHOLIC STEATOHEPATITIS  
INTERVAL: 10 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: NOT APPLICABLE

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

CERTIFIER NAME: GENEVIE MORAN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1041 NE 116TH STREET SUITE 120  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004  
DATE SIGNED: MARCH 21, 2024

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DARIN WISE  
DATE RECEIVED: MARCH 25, 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

State File Number	Fee Number	Initials	Date	Affidavit Number
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#### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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.
- \*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

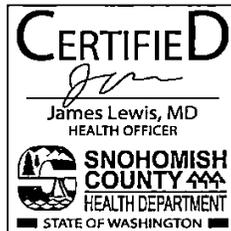
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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 7 3 2 4 8 9 5