

**When recorded return to:**

Donna C. Hart  
Donna C. Hart, Surviving Trustee of the Hart  
Family Trust, dated April 26, 1993  
400 Gilkey Rd #208  
Burlington, WA 98233

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 04/24/2024

Filed for record at the request of:



**CHICAGO TITLE**  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620056149

CHICAGO TITLE  
*620056149*

**DOCUMENT TITLE(S)**

Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: \_\_\_\_\_**

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

Allen Don Hart

☐ Additional names on page \_\_\_\_\_ of document**GRANTEE(S)**

State of Washington

☐ Additional names on page \_\_\_\_\_ of document**ABBREVIATED LEGAL DESCRIPTION**

UNIT 46, FARMINGTON SQUARE CONDOMINIUM, REC 200401280084

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P121291 / 4828-000-046-0000

Additional Tax Accounts are on page \_\_\_\_\_ of document

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 36.19.010 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

Local File Number: <b>713-08</b>		Washington State Certificate of Death		State File Number:	
1. Legal Name (include MAAs if any): First Middle LAST Suffix <b>ALLEN DON HART</b>			2. Death Date <b>Aug 18, 2008</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>81</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Idaho Falls</b>	8b. (State or Foreign Country) <b>Idaho</b>		9. Decedent's Education <b>Bachelor's Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>488 Garden Lane</b>			13b. City or Town <b>Burlington</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>n/a</b>	13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98233</b>	13g. Inside City Limits? <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
14. Estimated length of time at residence. <b>3 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Donna Christiansen</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use REMED)) <b>Buyer</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Aerospace</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Clarence Hart</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Seretta</b>		
21. Informant's Name <b>Donna Hart</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>488 Garden Lane Burlington, WA 98233</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Nursing Home</b>					
25. Facility Name (if not a facility, give number & street or location) <b>Home Place</b>			26a. City, Town, or Location of Death <b>Burlington</b>		
26b. State <b>WA</b>			27. Zip Code <b>98233</b>		
28. Method of Disposition <b>Burial</b>			29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Tahoma National Cemetery</b>		
30. Location-City/Town, and State <b>Kent, WA</b>			31. Name and Complete Address of Funeral Facility <b>Schaefer-Shipman Funeral Home, 804 State Ave., Marysville, WA 98270</b>		
32. Date of Disposition <b>August 25, 2008</b>			33. Funeral Director Signature X <b>[Signature]</b>		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>myocardial infarction</b> Interval between Onset & Death <b>seconds</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>atherosclerotic heart disease</b> Interval between Onset & Death <b>years</b>					
c. <b>Alzheimer's dementia</b> Interval between Onset & Death <b>years</b>					
d. <b>[REDACTED]</b> Interval between Onset & Death <b>[REDACTED]</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - In the best of my knowledge, death occurred on the date, date, and time, and cause of death as indicated. <b>T.W. Martin Jr M.D.</b>			48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, I have determined that death occurred on the date, date, and time, and cause of death as indicated. <b>T.W. MARTIN JR, M.D.</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>SKAGIT VALLEY MEDICAL CENTER</b>			50. Hour of Death (24hrs) <b>0030</b>		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) <b>1990 HOSPITAL DRIVE</b>			52. Date Signed (mm/dd/yyyy) <b>8-19-2008</b>		
53. Title of Certifier <b>M.D.</b>		54. License Number <b>14436</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <b>Betty Jo Berglund</b>			58. Date Received (mm/dd/yyyy) <b>AUG 20 2008</b>		
59. Amendments					





# Affidavit for Correction

202404240029

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PO Box 8709  
Olympia, WA 98507-9709  
(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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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**\*CERTIFIED\***

SEP 08 2008

*Howard Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer

QQ00159696