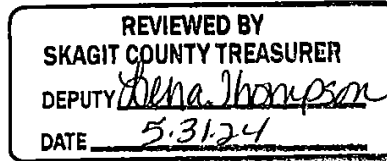




202405310070

05/31/2024 02:01 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273



DOCUMENT TITLE(S): WASHINGTON CERTIFICATE OF DEATH

REFERENCE NUMBER(S): N/A

GRANTOR: STATE OF WASHINGTON

GRANTEE: DARLENE M. BRODLAND (Deceased)

ASSESSOR'S PARCEL NUMBER: P50697 (360435-1-009-0705)

LEGAL DESCRIPTION: Tract 7 of that certain 5 Acre Parcel Subdivision No. 137-79, entitled "SAMISH HEIGHTS DIVISION NO. 3" approved June 22, 1979 and recorded June 22, 1979, under Auditor's File No. 7906220055, in Volume 3 of Short Plats, page 132, records of Skagit County, being a portion of Sections 35 and 36, Township 36 North, Range 4 East, W.M.

TOGETHER WITH those certain easements for ingress, egress, and utilities as contained in Declaration of Easements recorded under Auditor's File Nos. 7903150055 and 7903160074, records of Skagit County.

ALSO TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across Tract 10 of said Short Plat No. 137-79.

Situate in the County of Skagit, State of Washington.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-011901

DATE ISSUED: 03/15/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DARLENE MILDRED  
LAST NAME(S): BRODLANDCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 05, 2021  
HOUR OF DEATH: 07:35 PM  
SEX: FEMALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: LAKE MCMURRAY, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: GERALD WALTER BRODLANDOCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: NOINFORMANT: DEBRA HERRING  
RELATIONSHIP: DAUGHTER  
ADDRESS: P.O. BOX 1044, BURLINGTON, WA 98233CAUSE OF DEATH:  
A: HIGH GRADE SMALL BOWEL OBSTRUCTION  
INTERVAL: 5 DAYS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEWY BODY DEMENTIA

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: EMERGENCY ROOM  
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 22828 NATURE VIEW DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: UNKNOWN COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARSFATHER: CLARENCE BRADBURN  
MOTHER: DORATH [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 12, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DANIEL G LA PLAUNTMANNER 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 RESPONSECERTIFIER NAME: SONG HONG, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
DATE SIGNED: MARCH 09, 2021CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: SONG HONG, PHYSICIANLOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: MARCH 11, 2021



## Affidavit for Correction

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

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:	
	First	Middle	Last	MM/DD/YYYY	(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)	
	First	Middle	Last/Maiden	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:			Printed name:		Date:
Date:			Date:		
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information					
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: <ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record    • Military record (DD-214)    • School transcripts    • Social Security Numident Report</li> <li>• Certificate of Naturalization    • Hospital/medical record    • Copy of Passport / Enhanced ID    • Green/Permanent Resident card (I-551)</li> </ul> You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.					
<b>Birth Certificates</b>					
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).					
<b>Child under 18</b>			<b>Adult (18 years or older)</b>		
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• Up to age one or up to one year following the filing of an Acknowledgement 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>			<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>		
*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.					
<b>Death Certificates</b>					
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.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
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.**

**\*CERTIFIED\***

MAR 15 2021

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



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