



202406240026

06/24/2024 11:03 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 1067
JUN 24 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By *G* Deputy

Document Title:

Death Certificate

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Hazel Louise Howard

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Lot 16, Madrona Estates

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P67330

STATE OF WASHINGTON
DEPARTMENT OF HEALTH216-02
LOCAL FILE NUMBER

146

STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME First Middle Last Hazel Louise Howard				2. SEX (M / F) F	3. DEATH DATE (Mo, Day, Yr) Mar 19, 2002
4. AGE LAST BIRTHDAY (Yrs) 74	5. UNDER 1 YEAR MOS DAYS 74	6. UNDER 1 DAY HOURS MINS 74	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Snohomish, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input checked="" type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Island Hospital		13. COUNTY OF DEATH Skagit
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Edmond Earl Howard		16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Transportation Supervisor		19. KIND OF BUSINESS OR INDUSTRY Public School District		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET Crow's Nest, Cypress Island		23. CITY/TOWN, OR LOCATION Cypress Island	24. INSIDE CITY LIMITS? (Yes / No) No
25A. COUNTY Skagit		25B. LENGTH OF RES. IN CO. 25 yrs		26. STATE WA	27. ZIP CODE 98221
28. FATHER'S NAME — FIRST, MIDDLE, LAST Albert Warren Eldridge			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mae [REDACTED]		
30. INFORMANT — NAME Edmond Earl Howard			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP PO Box 182, Anacortes, WA 98221		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Mar 22, 2002	34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Karen M Bolton MD			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X		
40. DATE SIGNED (Mo, Day, Yr) 3/21/02		41. HOUR OF DEATH (24 Hrs) 1120		44. DATE SIGNED (Mo, Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Karen Bolton M.D. 2511 M Avenue Suite B, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER 037-02	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH minutes	
		B. Coronary artery disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		C. Hypertension		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: CHF, Atrial Fibrillation, Mitral Regurg, Diabetes				52. AUTOPSY? (Yes / No) No	
54. ACC. (ICD10, HOM, UNDET, OR PENDING INVEST. (Specify))		55. INJURY DATE (Mo, Day, Yr)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
56. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		57. DESCRIBE HOW INJURY OCCURRED:	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE X Dorothy Epps, deputy		63. DATE RECEIVED (Mo, Day, Yr) March 21, 2002	



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES		FEE NUMBER		INITIALS	DATE	AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY					STATE OFFICE USE ONLY		
The record of		Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER		for	
2. NAME				3. DATE OF EVENT		4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)				6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)			
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:							
THE RECORD NOW SHOWS:				THE TRUE FACT IS:			
7.				8.			
9.				10.			
11.				12.			
13.				14.			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY						15.	
PHONE NUMBER: _____							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.							
16. SIGNATURE				17. DATE		18. ADDRESS	

DCH 110-007 (Rev. 3/99)

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

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

CERTIFIED

MAR 25 2002

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

II00364146