

When recorded return to:

Joseph R. Sauvage
2634 32nd Ave W
Seattle, WA 98199

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/28/2024

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

11900 NE 1st St., Suite 110
Bellevue, WA 98005

Escrow No.: 0275014-OC

Chicago Title
620056654

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

Additional names on page _____ of document

GRANTEE(S)

Wayne Timothy Winston

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

LOT 52, COUNTRY CLUB ADDITION NO. 5, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 11 OF PLATS, PAGES 32 AND 33, RECORDS OF SKAGIT COUNTY, WASHINGTON, SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P79377

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 36.18.010 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: not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death. Local File Number 9-07. State File Number. Legal Name: WAYNE TIMOTHY LISTON. Death Date: Jan. 8, 2007. Sex: Male. Age: 68 Years. Birthplace: Ladner, British Columbia, Canada. Decedent's Education: High School Graduate. Cause of Death: hepatocellular carcinoma, cirrhosis of the liver, non-alcoholic steatohepatitis. Certifying Physician: Dr. Eric Stark M.D. Registrar Signature: Corinne Anderson, Deputy.



DOHCHS 003 Rev.2/06/2004

DOH.01-003 (5/98)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
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. 9/2016)

CERTIFIED

JAN 10 2007

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

NN00827201