

202407170088

07/17/2024 04:00 PM Pages: 1 of 3 Fees: \$20.00

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 07/17/2024

211768-LT,

DOCUMENT TITLE(S):
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Joan Palmer Long

GRANTEE:
Public

ABBREVIATED LEGAL DESCRIPTION:
Unit 1208, Causland Park Condo, Ph 2

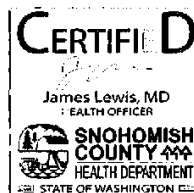
TAX PARCEL NUMBER(S):
4874-000-208-0000/P123545

LPB 01-05

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2024-008035	DATE ISSUED: 02/27/2024 FEE NUMBER: 310224
FIRST AND MIDDLE NAME(S): JOAN PALMER LAST NAME(S): LONG	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: FEBRUARY 20, 2024 HOUR OF DEATH: 03:05 PM SEX: FEMALE AGE: 83 YEARS SOCIAL SECURITY NUMBER:	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 1208 9TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 1208 9TH STREET CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 12 YEARS
BIRTH DATE: BIRTHPLACE: SEATTLE, WA	FATHER: ROBERT LEWIS PALMER MOTHER:
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY
OCCUPATION: HOMEMAKER INDUSTRY: DOMESTIC EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO	CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: FEBRUARY 28, 2024
INFORMANT: BARBARA LONG MCDERMOTT RELATIONSHIP: DAUGHTER ADDRESS: 1427 DEEPWELL DRIVE STOCKTON, CA 95209	FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD ADDRESS: 4320 196TH ST SW - STE. C CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036 FUNERAL DIRECTOR: LORI B. BANES
CAUSE OF DEATH: A. PRIMARY SQUAMOUS CELL CANCER OF THE TONSIL WITH METASTASES INTERVAL: 22 YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NOT APPLICABLE
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: LESLIE A. ESTEP, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: FEBRUARY 20, 2024
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO MEICORNER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER DATE RECEIVED: FEBRUARY 26, 2024

Washington State Department of Health		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 File Number		Fee Number		Initials	Date
Affidavit Number					
Required information must match current information on record.					
Required	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: (City or County)
	First	Middle			
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	Middle		Middle Last/Maiden		
6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address:					
Telephone Number:		Email Address:		State	Zip
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:		
6.			9.		
10.			11.		
12.			13.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.					
14a. Signature:		14b. Signature of 2nd parent (if required):			
Printed name:		Date:	Printed name:		Date:
INSTRUCTIONS – go to 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:					
<ul style="list-style-type: none">• 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					
<ul style="list-style-type: none">• 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.					
Adult, 18 years or older:					
<ul style="list-style-type: none">• 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.					
*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.					
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.



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