



202501030040

01/03/2025 01:23 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 0014  
JAN 03 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By 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. TERRY LEE CARTER JR

2.

Abbreviated legal description:

full legal on page(s) \_\_\_.

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER THE SOUTHEAST QUARTER OF SECTION 14, TOWNSHIP 35, RANGE 4 DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE WEST LINE OF THE GARDEN OF EDEN ROAD WHICH IS 20 FEET WEST OF THE NORTHEAST CORNER OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER THE SOUTHEAST QUARTER THE SOUTHEAST QUARTER OF SAID SECTION; THENCE WEST FROM THE POINT OF BEGINNING ALONG

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_.

P36551

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-050915

DATE ISSUED: 11/26/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TERRY LEE  
LAST NAME(S): CARTER JR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 21, 2018  
HOUR OF DEATH: 03:10 AM  
SEX: MALE  
AGE: 42 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 514 GARDEN OF EDEN ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 514 GARDEN OF EDEN ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SPRINGDALE, AR

FATHER/PARENT: TERRY LEE CARTER SR  
MOTHER/PARENT: NORMA LOUIS [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: KARIN NORINE OVENELL

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

OCCUPATION: MACHINIST, MECHANIC  
INDUSTRY: MANUFACTURING  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: OAK HARBOR, WASHINGTON  
DISPOSITION DATE: NOVEMBER 27, 2018

INFORMANT: KARIN NORINE OVENELL-CARTER  
RELATIONSHIP: WIFE  
ADDRESS: 514 GARDEN OF EDEN ROAD, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:  
A: ALCOHOL LIVER CIRRHOSIS  
INTERVAL: 17 MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER 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 RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: JANICE GATZKE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: NOVEMBER 21, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP: WASHINGTON  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: SK18-0355  
ATTENDING PHYSICIAN: JANICE GATZKE, PA

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 26, 2018



Affidavit for Correction

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Main: Birth Records 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 OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: P.O. 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:

8. The record now shows: 9. The true fact is:
10. 11.
12. 13.
14. 15.

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

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
After age one, 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 documentary proof is required.
To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
If the first or middle name is missing, three pieces of documentary proof are required
If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

\*CERTIFIED\*

NOV 26 2018

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



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