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02/24/2025 01:08 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
PIRKLE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273

DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

N/A

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

ELSIE ELEANOR INGERSOLL
(Deceased)

ASSESSOR'S PARCEL NUMBERS:

P42197 (350701-4-002-0001);
P42198 (350701-4-002-0100);
P42524 (350712-0-003-0104)

ABBREVIATED LEGAL DESCRIPTION:

Portion of the Southwest Quarter of the
Southeast Quarter of Section 1,
Township 35 North, Range 7 East, W.M.,
and portion of Section 12, Township 35
North, Range 7 East, W.M.

Situated in Skagit County, Washington.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 623-08 Washington State Certificate of Death State File Number 8 65460

1. Legal Name (include AKA if any) First Middle LAST ELSIE ELEANOR INGERSOLL		2. Death Date Jul 25, 2008	
3. Sex (M/F) Female	4a. Age - Last Birthday 96	4b. Under 1 Year Months 0	4c. Under 1 Day Hours 0
7. Birthplace (City, Town, or County) Hamilton		8. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) Caucasian	
12a. Residence Number and Street (e.g. 824 SE 5 th St) (include Apt No.) 41751 Challenger Rd		12b. City or Town Concrete	
13a. Residence County Skagit		13b. State or Foreign Country Washington	
14. Estimated length of time at residence 72 years		15. Marital Status at Time of Death Widowed	
17. Usual Occupation (Indicate type of work done during most of working life (do not use retires)) Homemaker		18. Kind of Business/Industry (Do not use Company Name) Own Home	
19. Father's Name (First, Middle, Last, Suffix) John Cook		20. Mother's Name Before First Marriage (First, Middle, Last) Mimmie	
21. Informant's Name Frances Parker		22. Relationship to Decedent Daughter	
23. Mailing Address (Number and Street or RFD No. City or Town State Zip 41751 Challenger Road Concrete, WA 98237		24. Place of Death, if Death Occurred Somewhere Other than a Hospital Decedent's Residence	
25. Facility Name (if not a facility, give number & street or location) 41751 Challenger Rd		26. City, Town, or Location of Death Concrete	
27. State WA		28. Zip Code 98237	
29. Method of Disposition Cremation		30. Place of Final Disposition (Name of cemetery, crematory, or other place) Mount Vernon Cemetery Crematory	
31. Location-City/Town, and State Mount Vernon, WA		32. Date of Disposition July 28, 2008	
33. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284		34. Funeral Director Signature <i>[Signature]</i>	
34. Cause of Death (Give mechanism and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Unspecified Natural Causes Interval between Onset & Death decade			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			
36. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		37. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Pregnancy <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		39. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
42. Date of Injury (MM/DD/YYYY)		43. Hour of Injury (24hrs)	
44. Location of Injury (Number & Street) Cover Tern		45. City Concrete	
46. State WA		47. Zip Code - 4 98237	
48. Describe how injury occurred		49. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
49a. Certifying Physician: To the best of my knowledge, death occurred as a result of the cause(s) and manner stated		49b. Medical Examiner/Coroner: On the basis of a personal and/or investigation, at my office, death occurred at the time, date, and place, and due to the cause(s) and manner stated	
50. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Paul Creelman MD 712 S. Burlington Blvd Burlington, WA 98233		51. Hour of Death (24hrs) 2030	
52. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		53. Date Signed (MM/DD/YYYY) July 28, 2008	
54. Title of Certifier Physician		55. License Number 15904	
56. MEC/Coroner File Number NJA-336		57. Was case referred to MEC/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
58. Registrar Signature <i>Betty Jo Anderson Deputy</i>		59. Date Received (MM/DD/YYYY) JUL 28 2008	
60. Application Number # 342 DA 6381 10-16-08 G/L/K			

Part 1 completed by Registrar/Physician
Part 2 completed by Certifier

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

02/24/2025 01:08 PM
P. O. Box 47814
Olympia, WA 98504-814
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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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: First Middle Last			2. Date of Event: MM/DD/YYYY		3. Place of Event: (City, State)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First 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"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address: PO Box or Street Address		City	State
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 nd 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:

- 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 from DOH 422-159).

Child under 18

- 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)

- Only the adult can change their own 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Katherine Hutchinson

ISSUED

FEB 15 2024



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