

**When Recorded-Return To:**

**Skagit Law Group, PLLC  
P. O. Box 336  
Mount Vernon, WA 98273**

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 03/18/2025

**DOCUMENT TITLE(s):** *(or transactions contained therein)*

**DEATH CERTIFICATE**

**GRANTOR(s):** *(last name, first name and initials)*

**DEL ROSARIO, TERESITA M.**

☐ *Additional names on page \_\_\_\_\_ of document*

**GRANTEE(s):** *(Last name, first name and initials)*

**WASHINGTON STATE**

☐ *Additional names on page \_\_\_\_\_ of document*

**ABBREVIATED LEGAL DESCRIPTION:** (i.e., lot, block, plat or quarter, quarter, section, township and range):

0.1387 ac) LOT 86, HIGHLAND GREENS DIVISION 1, PHASE A, A PLANNED UNIT DEVELOPMENT, RECORDED, MAY 22, 2014 UNDER AUDITOR'S FILE NO. 201405220062, RECORDS OF SKAGIT COUNTY, WASHINGTON.

☐ *Additional legal on page \_\_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:** P131919

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

☐ *Additional reference numbers on page \_\_\_\_\_ of document*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-053531

LOCAL FILE NUMBER: 4836

DATE ISSUED: 12/10/2018

FEE NUMBER: 311218

FIRST AND MIDDLE NAME(S): TERESITA MACASAET  
LAST NAME(S): DEL ROSARIOCOUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: NOVEMBER 27, 2018  
HOUR OF DEATH: 08:00 PM  
SEX: FEMALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: FILIPINOBIRTH DATE: [REDACTED]  
BIRTHPLACE: BATANGAS PHILIPPINESMARITAL STATUS: MARRIED  
SPOUSE: CEZAR DEL ROSARIOOCCUPATION: LPN  
INDUSTRY: HEALTH CARE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NOINFORMANT: CEZAR DEL ROSARIO  
RELATIONSHIP: SPOUSE  
ADDRESS: 3048 BRAEBURN ALLY MOUNT VERNON, WA. 98273CAUSE OF DEATH:  
A: LEFT BASAL GANGLIA HEMORRHAGE  
INTERVAL: 3 DAYS  
B: HYPERTENSION  
INTERVAL: YEARS  
C: STAGE 4 CHRONIC KIDNEY DISEASE  
INTERVAL: YEARS  
D: CRYPTOGENIC CIRRHOSIS  
INTERVAL: YEARSOTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATOCELLULAR  
CARCINOMA, PORTAL HYPERTENSION WITH ESOPHAGEAL VARICESDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201RESIDENCE STREET: 3048 BRAEBURN ALLY  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARSFATHER/PARENT: CENON MACASAET SR  
MOTHER/PARENT: VERONICA [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: DECEMBER 06, 2018

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: BRENT J. GLENNMANNER 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 RESPONSECERTIFIER NAME: KRISTINA CAMPBELL, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 1717 13TH ST SUITE 401  
CITY, STATE, ZIP: EVERETT, WA 98201  
DATE SIGNED: NOVEMBER 30, 2018CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: KRISTINA CAMPBELLLOCAL DEPUTY REGISTRAR: KAREN KINDER-CARA  
DATE RECEIVED: DECEMBER 06, 2018



# Affidavit for Correction

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

03/18/2025 12:20 PM  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>			
	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 or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Initial		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initial	
	6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <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: City/State or Street Address Zip				
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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 using this form, 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). 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.

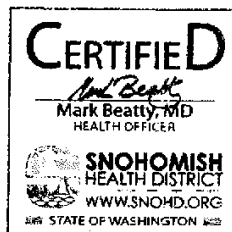
### Marriage/Dissolution (Divorce) Certificates

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 January 2015



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



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