

Name & Return Address:

Darla Smith
5480 East Mason Lake Drive W
Grapeview, WA 98546

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20250859
Date 03/27/2025

Washington State Recorder's Cover Sheet (RCW 65.04) Please print legibly or type information.

Document Title(s)	Certificate of Death
Grantor(s)	Clemment Arthur Martin (deceased)
____ Additional Names on Page ____ of Document	
Grantee(s)	Anne M. Jensen; Becky L. Beckfield; Darla M. Smith
____ Additional Names on Page ____ of Document	
Legal Description	(Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section) SE1/4 NW1/4 NE1/4, SECTION 30, TOWNSHIP 34 NORTH, RANGE 5 EAST, W.M., LESS RR GRADE & RD R/W LESS RT 1-006-01
Complete Legal Description on Page ____ of Document	
Auditor's Reference Number(s)	202007090029
Assessor's Property Tax Parcel/Account Number(s)	340530-1-006-0001 / P30496
<p>Non Standard Fee \$50.00</p> <p>By signing below, you agree to pay the \$50.00 non standard fee.</p> <p>I am requesting an emergency non standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.</p> <p>_____</p> <p>Signature of Party Requesting Non Standard Recording</p> <p>NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements.</p> <p>The Auditor/Recorder will rely on the information provided on this cover sheet. Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</p>	

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-036063

DATE ISSUED: 07/30/2024
FEE NUMBER: 1706634

FIRST AND MIDDLE NAME(S): CLEMENT ARTHUR
LAST NAME(S): MARTIN

COUNTY OF DEATH: KING
DATE OF DEATH: JULY 22, 2024
HOUR OF DEATH: 09:15 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: VALLEY MEDICAL CENTER
CITY, STATE, ZIP: RENTON, WASHINGTON 98055-5784

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

RESIDENCE STREET: 12210 SE 196TH ST
CITY, STATE, ZIP: KENT, WA 98031-0517
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHATTANOOGA, TN

FATHER: ARTHUR AARON MARTIN
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: EMMA JANE HUMPHREY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: ELECTRICIAN
INDUSTRY: CONSTRUCTION - ELECTRICAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JULY 26, 2024

INFORMANT: EMMA JANE MARTIN
RELATIONSHIP: SPOUSE
ADDRESS: 12210 SE 196TH, KENT, WA, 98031

FUNERAL FACILITY: GREENWOOD MEMORIAL PARK AND FUNERAL HOME
ADDRESS: 350 MONROE AVE NE
CITY, STATE, ZIP: RENTON, WASHINGTON 98056
FUNERAL DIRECTOR: RAE A. CHAPMAN

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE FROM ASPIRATION
INTERVAL: 7 DAYS
B: METASTATIC MELANOMA WITH METASTASIS TO PAROTID GLAND, LYMPH NODES AND LIVER
INTERVAL: 1 YEARS
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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

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

CERTIFIER NAME: AARON FANG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 400 S 43RD ST
CITY, STATE, ZIP: RENTON, WASHINGTON 98055
DATE SIGNED: JULY 23, 2024

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO MEICORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN
DATE RECEIVED: JULY 26, 2024

Washington State Department of Health
 DCH 422-034 August 2019

Affidavit for Correction

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

Mail to: Center for Health Statistics
 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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Required information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
Required	1. Name on Record: <small>First Middle Last</small>		2. Date of Event: <small>MM/DD/YYYY</small>	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): <small>First Middle Last/ Maiden</small>		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): <small>First Middle Last/ Maiden</small>	
	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: <small>Full Day or State Address City State Zip</small>				
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 foregoing 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 form 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 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

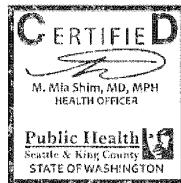
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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