

When recorded return to:

Jeffrey A. Hamblin
Lester C Hamblin and Wilmoth L Hamblin Living
Trust dated 10/22/1993
21728 Grip Rd
Sedro Woolley, WA 98284

Filed for record at the request of:

**CHICAGO TITLE**
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620059108

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/08/2025

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

☐ Additional names on page _____ of document☐ Additional names on page _____ of document**GRANTEE(S)**

Lester Cornelius Hamblin

☐ Additional names on page _____ of document☐ Additional names on page _____ of document**ABBREVIATED LEGAL DESCRIPTION**

PTN S 1/2 NE 1/4 NW 1/4 SEC 25-34-3E, W.M

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P22733 / 340325-2-002-0010

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number **685-05** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any): First Middle LAST Suffix
Lester Cornelius HAMBLIN

2. Death Date
[REDACTED]

3. Sex (M/F) **M** 4a. Age - Last Birthday **78** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. **at** 6. County of Death **Skagit**

7. Birthplace 8a. Birthplace (City, Town, or County) **Watertown** 8b. (State or Foreign Country) **SD** 9. Decedent's Education **HS Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify **No** 11. Decedent's Race(s) **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) **16240 Penn Rd** 13b. City or Town **Mount Vernon**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98273-** 13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence. **45y** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's Name (Give name prior to first marriage) **Wilmoth Louise Sauer**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name) **Self Employed** **Auto Body Repair**

19. Father's Name (First, Middle, Last, Suffix) **Art Hamblin** 20. Mother's Name Before First Marriage (First, Middle, Last) **Grace [REDACTED]**

21. Informant's Name **Wilmoth Louise Hamblin** 22. Relationship to Decedent **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip Code
16240 Penn Rd Mount Vernon WA 98273-

24. Place of Death, if Death Occurred in a Hospital: **Decedent's Residence**

25. Facility Name (If not a facility, give number & street or location) **16240 Penn Rd** 26a. City, Town, or Location of Death **Mount Vernon** 26b. State **WA** 27. Zip Code **98273-**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Hawthorne Memorial Park** 30. Location-City/Town, and State **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility **Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398** 32. Date of Disposition **09-10-2005**

33. Funeral Director Signature **[Signature]**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. STROKE** Due to (or as a consequence of): **Acute** Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST **b. CEREBROVASCULAR DISEASE** Due to (or as a consequence of): **3 YEARS** Interval between Onset & Death

c. Due to (or as a consequence of): Interval between Onset & Death

d. Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **DIABETES Mellitus, COPD, Hypertension, CHOLESTEROL** 36. Autopsy? ☐ Yes ☒ No 37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

38. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending 39. If female ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year 40. Did tobacco use contribute to death? ☐ Yes ☒ Probably ☐ No ☐ Unknown

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street City or Town County State Zip Code 4: Apt. No.

46. Describe how injury occurred 47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of your knowledge, the death occurred at the time, date, and place and due to the causes stated on this certificate. **[Signature]** **no** 48b. Medical Examiner/Coroner - On the basis of examination, records investigation, and/or opinion, death occurred at the time, date, and place, and due to the causes and manner stated. **X**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Dale Abbott M.D. 835 East Fairhaven, Burlington, WA 98233** 50. Hour of Death (24hrs) **0715**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy) **9/11/2005**

53. Title of Certifier **M.D.** 54. License Number **00025894** 55. ME/Coroner File Number **NJA # 250** 56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Registrar Signature **[Signature]** 58. Date Received (mm/dd/yyyy) **SEP - 7 2005**

59. Amendments



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL



202507080032

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Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

Affidavit for Correction**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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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

SEP 07 2005

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

NN00555250