

**When Recorded-Return To:**  
Skagit Law Group, PLLC  
P. O. Box 336  
Mount Vernon, WA 98273

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20260781  
Date 03/19/2026

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

**DEATH CERTIFICATE**

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

**PRICE, MARION E.**

*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):

Lots 1 to 10, Block 12, SKALING'S ADDITION TO AVON

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

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:** P70482; 4047-012-010-0000

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

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **523-04** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix: **MARION ELMER PRICE** 2. Death Date: **July 09, 2004**

3. Sex (M/F): **MALE** 4a. Age - Last Birthday: **84 Years** 4b. Under 1 Year: **Months Days** 4c. Under 1 Day: **Hours Minutes** 5. Social Security Number: 6. County of Death: **Skagit**

7. Birthdate: **Quail** 8a. Birthplace (City, Town, or County): **Quail** 8b. (State or Foreign Country): **Texas** 9. Decedent's Education: **Bachelor's Degree**

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 5<sup>th</sup> St.) (include Apt. No.): **17033 Bennett Road** 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: **39 Years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Josephene May Rafferty**

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

19. Father's Name (First, Middle, Last, Suffix): **William Oscar Price** 20. Mother's Name Before First Marriage (First, Middle, Last):

21. Informant's Name: **Josephene M. Price** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **17033 Bennett Road Mount Vernon, WA 98273**

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

25. Facility Name (if not a facility, give number & street or location): **17033 Bennett Road** 25a. 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): **Solie Crematory** 30. Location-City/Town, and State: **Everett, Washington**

31. Name and Complete Address of Funeral Facility: **Affordable Burial & Cremation Services, LLC 17910 State Route 536 Mount Vernon Washington, 98273** 32. Date of Disposition: **July 13, 2004**

33. Funeral Director Signature: *[Signature]* #1799

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. **subdural hematoma** Interval between Onset & Death: **5 mos**

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. **metastatic prostate cancer** Interval between Onset & Death: **2 years**

c. Interval between Onset & Death: d. Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: 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  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: Apt. No.: City or Town: County: State: Zip Code + 4:

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

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. *[Signature]* 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X

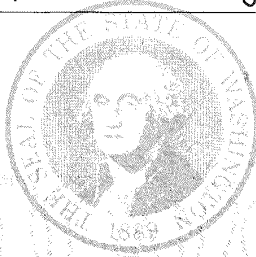
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Dr. Eric Stark, MD 835 East Fairhaven, Burlington WA 98233** 50. Hour of Death (24hrs): **1520 Hours**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (mm/dd/yyyy): **July 10, 2004**

53. Title of Certifier: **Physician** 54. License Number: **00033859** 55. ME/Coroner File Number: **NJA - 202** 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature: **Dorothy Eppa, deputy** 58. Date Received (mm/dd/yyyy): **JUL 12 2004**

59. Amendments:





### 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:  Birth  Death  Marriage  Dissolution

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:

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

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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.

# \*CERTIFIED\*

JUL 12 2004

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

LL00418569