202608180017
08/18/2026 11:00 AM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20262643
AUG 18 2026
Amount Paid $ 0
Skagit Co. Treasurer
By KD Deputy

Document Title: Death Certificate

Reference Number :

Grantor(s): ☐ additional grantor names on page ___.
1. State of Washington
2.

Grantee(s): ☐ additional grantee names on page___.
1. Clara Mae Clark (deceased)
2.

Abbreviated legal description: ☐ full legal on page(s) ___.
The W 168 FT of the S 1/2 of 10+16, except the S 100 FT of the W 134 FT thereof, Block 136, First addition to Burlington, Skagit CO, Wash, as per plat Recorded in Volume 3 of Plats, page 11, Records of Skagit County, Washington

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page ___.
P72333

202608180017

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-021938
LOCAL FILE NUMBER: 129
DATE ISSUED: 08/05/2026
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CLARA MAE
LAST NAME(S): CLARK

COUNTY OF DEATH: OKANOGAN
DATE OF DEATH: MAY 05, 2021
HOUR OF DEATH: 11:45 AM
SEX: FEMALE AGE: 103 YEARS
SOCIAL SECURITY NUMBER [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: THE DALLAS, OREGON

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BEAUTICIAN
INDUSTRY: COSMETOLOGY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: RON TAIT
RELATIONSHIP: SON
ADDRESS: 121 JOHN ST OKANOGAN, WA 98840

CAUSE OF DEATH:
A: MYOCARDIAL INFARCTION
INTERVAL: 3 DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ADVANCED AGE

DATE 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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: HARMONY HOUSE
CITY, STATE, ZIP: BREWSTER, WASHINGTON 98812

RESIDENCE STREET: 121 JOHN ST
CITY, STATE, ZIP: OKANOGAN, WA 98840
INSIDE CITY LIMITS: NO COUNTY: OKANOGAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: JOHN SHERRY
MOTHER: STELL[redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: OKANOGAN COUNTY CREMATORY

CITY, STATE: OKANOGAN, WASHINGTON
DISPOSITION DATE: MAY 10, 2021

FUNERAL FACILITY: PRECHT-HARRISON-NEARENTS CHAPEL

ADDRESS: 2547 ELMWAY / P.O. BOX 1610
CITY, STATE, ZIP: OKANOGAN, WASHINGTON 98840
FUNERAL DIRECTOR: MICHAEL A. NEARENTS

MANNER 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 RESPONSE

CERTIFIER NAME: L. KEITH HANSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 520 WEST INDIAN AVENUE
CITY, STATE, ZIP: BREWSTER, WASHINGTON 98812
DATE SIGNED: MAY 07, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: LINDSAY HANSON, PHYSICIAN

LOCAL DEPUTY REGISTRAR: KEILA GONZALEZ
DATE RECEIVED: MAY 10, 2021

DOH422-182SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 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 |
|---|---|---|---|---|
| | | | | |

**Required information must match current information on record**

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

Required

| 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/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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____ | |

7. Return Mailing Address: PO Box or Street Address / City / State / 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 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 2nd 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 Acknowledgement 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED

Howard Leibrand MD, Health Officer
Skagit County Health Department

SKAGIT COUNTY WASHINGTON

STATE OF WASHINGTON

07206545