

RETURN ADDRESS

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Skagit County Auditor

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**Document Title(s)**

CERTIFICATE OF DEATH

**Reference Numbers(s) of related documents**

200404210013

Additional Reference #=s on page

**Grantor(s)** (Last, First and Middle Initial)

STATE OF WASHINGTON

Additional grantors on page

**Grantee(s)** (Last, First and Middle Initial)

AREVALO, GARLIEN MAXINE

Additional grantees on page

**Legal Description** (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Additional legal is on page

**Assessor's Property Tax Parcel/Account Number**

Additional parcel #=s on page

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.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2007-004727

LOCAL FILE NUMBER: 5007

DATE ISSUED: 06/29/2007

FEE NUMBER: 0000000034

GIVEN NAMES: GARTEN MAXINE  
LAST NAME: AREVALO

COUNTY OF DEATH: THURSTON  
DATE OF DEATH: JUNE 27, 2007  
HOUR OF DEATH: 09:50 A.M.  
SEX: FEMALE  
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: MINOT, NORTH DAKOTA

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: NURSING CARE ADMINISTRATOR  
INDUSTRY: HEALTH CARE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? NO

INFORMANT: WENDY R. DIXON  
RELATIONSHIP: DAUGHTER  
ADDRESS: 323 W. 200 NORTH, BLACKFOOT, IDAHO, 83221

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 5118 28TH AVE. SE  
CITY, STATE, ZIP: LACEY, WASHINGTON 98503

RESIDENCE STREET: 5118 28TH AVE. SE  
CITY, STATE, ZIP: LACEY, WASHINGTON 98503  
INSIDE CITY LIMITS? YES  
COUNTY: THURSTON  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: AUGUST NATHAN SATILMAN  
MOTHER: BERTHA JOHANNA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: TACOMA CREMATORY  
CITY, STATE: TACOMA, WA  
DISPOSITION DATE: JUNE 30, 2007

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WA  
ADDRESS: 455 NORTH STREET SE  
CITY, STATE, ZIP: TUMWATER WA 98501  
FUNERAL DIRECTOR: CLAIR S FERRIS

- CAUSE OF DEATH:
- A. RESPIRATORY INSUFFICIENCY  
INTERVAL: 12+MONTHS
  - B. SEVERE DEGENERATIVE JOINT DISEASE  
INTERVAL: 15+YEARS
  - C.  
INTERVAL:
  - D.  
INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:  
#1-REMOTE HERPES ENCEPHALITIS #2-RECURRENT DEEP VEIN THROMBOSIS

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: GEORGE O. LAMB MD  
TITLE: PHYSICIAN

ADDRESS: 700 LILLY ROAD NE  
CITY, STATE, ZIP: OLYMPIA WA 98506  
DATE SIGNED: JUNE 27, 2007

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 07-0923-06  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
RUBY M DORN  
DATE RECEIVED: JUNE 28, 2007

# Affidavit for Correction

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

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.

DOH/CHS 023 (Rev. 9/2002)

C E R T I F I E D

DR. DIANA T. KENNEDY HEALTH CARE/REGISTRAR

JUN 28 2007

THURSTON COUNTY HEALTH DEPARTMENT OLYMPIA, WASHINGTON



200708080026 Skagit County Auditor

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