

Return Address:

**Elaine Eliason
24681 Fair Lane
Sedro Woolley, WA 98284**



200912150097

Skagit County Auditor

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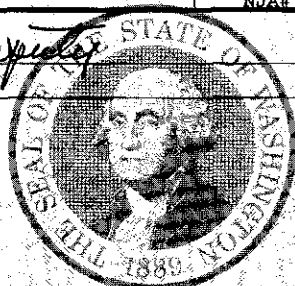
Document Title(s) (for transactions contained therein):	
1. Death Certificate	GUARDIAN NORTHWEST TITLE CO.
2.	97978 -1
3.	
4.	
Reference Number(s) of Documents assigned or released: (on page of documents(s))	
Grantor(s)	
1. Dorothy Prather	
2.	
3.	
4.	
Additional Names on page of document.	
Grantee(s)	
1.	
2.	
3.	
4.	
Additional Names on page of document.	
Legal Description (abbreviated i.e. lot, block, plat or section, township, range)	
Ptn. Lots 52 and 53, "BIG LAKE WATERFRONT TRACTS"	
Additional legal is on page of document.	
Assessor's Property Tax Parcel/Account Number	
P62042, 3862-000-053-0114	
The Auditor/Recorder will rely on information provided on the 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

Local File Number 92609		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Dorothy Jane Prather				2. Death Date 11/04/2009		
3. Sex (M/F) F		4a. Age - Last Birthday 91	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate		8a. Birthplace (City, Town, or County) Sedro Woolley		8b. (State or Foreign Country) Washington	9. Decedent's Education 10th Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 624 SE 6 th St.) (Include Apt. No.) 720 Shoeshel Dr.					13b. City or Town Sedro Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 1 year		15. Marital Status at Time of Death. Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		
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) Tavern		
19. Father's Name (First, Middle, Last, Suffix) Joe Young				20. Mother's Name Before First Marriage (First, Middle, Last) Rachel [REDACTED]		
21. Informant's Name Elaine Eliason		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 24681 Fair Lane Sedro Woolley WA 98284			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Residence		
25. Facility Name: (if not a facility, give number & street or location) 720 Shoeshel Dr.				26a. City, Town, or Location of Death Sedro Woolley	26b. State WA	27. Zip Code 98284
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, WA		
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition 11/09/2009		
33. Funeral Director Signatures X <i>[Signature]</i>						
Cause of Death (See instructions and examples)						
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. Urinary Tract Infection Due to (or as a consequence of):			Interval between Onset & Death 2 weeks	
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. Alzheimers Dementia Due to (or as a consequence of):			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 N/A				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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. X Edwin Stickle MD				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) H. Edwin Stickle, 1990 Hospital Drive Suite 100 Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 0200		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 11/06/09		
53. Title of Certifier MD		54. License Number	55. ME/Coroner File Number NJA# 554	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature X <i>Corinne Campbell, Registrar</i>				58. Date Received (MM/DD/YYYY) NOV 10 2009		
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier



DOH/CHS 003 Rev 07/09/07



200912150097
Skagit County Auditor

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 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.



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

SS00163731