



201002190066
Skagit County Auditor

2/19/2010 Page 1 of 3 1:43PM

Document Title: certificate of Death

Reference Number: Termination of Life Estate
200610230086

Grantor(s): additional grantor names on page ___

1. State of Washington
- 2.

Grantee(s): additional grantee names on page ___

1. IRA Erwin Brokaw
- 2.

Abbreviated legal description: full legal on page(s) ___

Lots 46 and 47, skyline NO. 5, according to
Plat thereof recorded in Vol. 9 of Plats,
pages 56 through 58

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

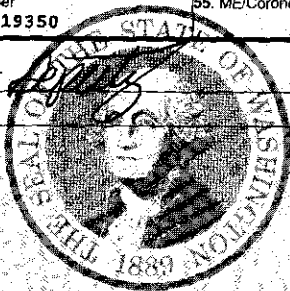
P59360

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **946-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKAs if any): First Middle LAST Ira Erwin BROKAW			2. Death Date Oct 26, 2008		
3. Sex (M/F) M	4a. Age - Last Birthday 90	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Bellingham	8b. (State or Foreign Country) Washington	8. Decedent's Education 9th Grade, No GED		
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 2301 Highland Drive			13b. City or Town Anacortes		
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: 30 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Kathleen V. White			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mechanic			18. Kind of Business/Industry (Do not use Company Name) Heavy Equipment		
19. Father's Name (First, Middle, Last, Suffix) Ira C. Brokaw			20. Mother's Name Before First Marriage (First, Middle, Last) Minnie (unk)		
21. Informant's Name Vici Monroe	22. Relationship to Decedent Friend	23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip 3625 Terra Lane Mount Vernon WA 98274-			
24. Place of Death, if Death Occurred in a Hospital: San Juan Rehab. & Care Center			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home		
25. Facility Name (If not a facility, give number & street or location) San Juan Rehab. & Care Center			26a. City, Town, or Location of Death Anacortes	26b. State WA	27. Zip Code 98221
28. Method of Disposition Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington		
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Oct 28, 2008	
33. Funeral Director Signature X <i>Semuel J. Stella</i>					

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. Cause of Death (See instructions and examples)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Unspecified Natural causes			Interval between Onset & Death 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.			Interval between Onset & Death		
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? <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 checked="" 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 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 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 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)			48. Medical Examiner/Coroner - On the basis of a post-mortem examination, the medical examiner/coroner has determined the cause and manner of death.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mark S. Backman, M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				50. Hour of Death (24hrs) 21:30 PM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 10/27/2008	
53. Title of Certifier M.D.	54. License Number MD00019350	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Betty's Rozalski</i>				58. Date Received (MM/DD/YYYY) OCT 27 2008	
59. Amendments					



201002190066
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.

CERTIFIED

OCT 31 2008



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Skagit County Auditor

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