



201002190067
Skagit County Auditor

2/19/2010 Page 1 of 3 1:44PM

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. Kathleen Virginia Brokaw
- 2.

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

Lots 46 + 47, skyline No. 5, according to the
Plat thereof recorded in Volume 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: **1054-09** Washington State Certificate of Death State File Number:

1. Legal Name (include AKA's if any): First Kathleen Middle Virginia LAST BROKAW Suffix:			2. Death Date Dec 20, 2009		
3. Sex (MF) F	4a. Age - Last Birthday 97	4b. Under 1 Year 97 Months 97 Days	4c. Under 1 Day 97 Hours 97 Minutes	5. Social Security Number	6. County of Death Skagit
7. Birthdate		8a. Birthplace (City, Town, or County) Keokuk County	8b. (State or Foreign Country) Iowa	9. Decedent's Education College Degree - Nursing	
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 5th 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 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 RETIRE)) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Virgil Huff White			20. Mother's Name Before First Marriage (First, Middle, Last) Helen Anna		
21. Informant's Name Vici Monroe		22. Relationship to Decedent Executor	23. Mailing Address: Number and Street or RFD No. 3625 Terra Lane City or Town Mount Vernon State WA Zip 98273		
24. Place of Death, if Death Occurred in a Hospital: Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (if not a facility, give number & street or location) Island Hospital			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 December 23, 2009
33. Funeral Director Signature X <i>Robin Lane</i>					

Part 1 completed by Funeral Director

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. SMALL BOWEL OBSTRUCTION	Interval between Onset & Death Days
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	Interval between Onset & Death
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? 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 No 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. X *John R Mathis*

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) **John R Mathis MD 1213 24th Street, Suite 100, Anacortes, WA 98221**

50. Hour of Death (24hrs) **17:13 PM**

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY) **December 22, 2009**

53. Title of Certifier **MD**

54. License Number **MD00031284**

55. ME/Coroner File Number

56. Was case referred to ME/Coroner? Yes No

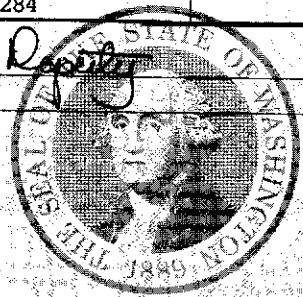
57. Registrar Signature X *Connie Anderson Register*

58. Date Received (MM/DD/YYYY) **DEC 22 2009**

59. Amendments

Part 2 completed by Certifier


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Skagit County Auditor



DOH/CHS 003 Rev 07/09/07

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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

DEC 23 2009



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