When Recorded Return to: LAWRENCE A. PIRKLE 321 W. Washington, Suite 300 Mount Vernon, WA 98273 (360) 336-6587 2 0 1 0 0 6 0 2 0 0 7 3 Skagit County Auditor 6/2/2010 Page 1 of 3 3:51PM

<u></u>	
DOCUMENT TITLE:	
Washington State Certificate of Death Ce	ertificate for Edmund Thomas Watson
Reference Number:	
Grantor(s):	additional Grantor names on page
State of Washington	
Grantee(s):	□ additional Grantor names on page
Edmund Thomas Wa	tson
Abbreviated legal description:	☐ full legal on page(s)
Lot 61, Nookchamp Hills PUD, Phase II County Auditor's File No. 200309150157.	A, as per plat recorded September 15, 2003 under Skagit
Assessor's Parcel / Tax ID Number:	□ additional tax parcel number(s) on page
P120741	

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Legal Name (Include AKA's Ifa	iny) First	Middle	LAST	S	Suffix	2. Death Da	te			
	ML -	as /	Watson	Villa John	The state of the s	03/21/	2010	1		\$4
Edmund Sex (M/F) 4a. Ag		4b. Under 1 Year		nder 1 Day	5 . Soc	ial Security Num		6. County o	f Death	2
	77	Months Days	Hours			71-54-4546	and the state of the state of	Skagi	. /-254	- 12 1
Birthdate	8a. Birthplac	e (City, Town, or County	8b. (State	or Foreign Count		9. Decedent's E	ducation			J.A.
3/22/1932	Paisley			·		Bache	lor's De	gree	<u> </u>	1 - 12
). Was Decedent of Hispan	nic Origin? (Yes o	or No) If yes, specify	11	. Decedent's R				2 - 1 X	12. Was Decedent a Armed Forces?	
No la: Residence: Number and	d Street (e.g. 624	4 SE 5 th St \ (include Ant	No.)	Caucasia	an		13b. City o	r Town		No
23765 Nookach	A		110.7					Vernon	r de la companya de	
lc. Residence: County		ribal Reservation Nan	10 (if applicable	le) 13e. State o	or Foreign Co	untry	13f. Zip Code	+ 4	13g. Inside City L	imits?
Skagit				Washir	ngton		98274		☐ Yes ☐Xvo	
. Estimated length of time	at residence. 1	No. 2010	ime of Death		•	r Domestic Partr	ier's Name (Give	name prior to	first marriage)	*- (t.)
S years Usual Occupation (Indicate		Married	life /pe doTi		ly Vann		oot liee Company	Namel		- 1
Sales	te type of work don	e during most of working	ine, (DO NOT L	DSE KETIKEUI (10.		conipment	Thot use Company	(Valle)		4
Father's Name (First, Midd	lle Last Suffix)	and the second		20		me Before First I	Marriage (First, M	iddle (Last)		20
James Watson	ile, cast, county					Calderwoo			Jan Salah	123
, Informant's Name		22. Relationship to	Decedent	23. Mailing Ad	dress. Numbe	r and Street or RFD No	City or Town			327
Emily Watson	, a - 1	Wife		23765	Nooka	achamps	Hills I	or Mou	int Verno	on
. Place of Death, if Death Occu	irred in a Hospital			Pla	ace of Death, if	Death Occurred So	mewhere Other tha	ın a Hospilal:		
Inpatient		the transfer of the	<u> </u>	i		* <u>1</u>	<u></u>	7 8 S		<u> </u>
. Facility Name (If not a facili		street or location)			3	ty, Town, or Loc	and the second second	26b. State	27. Zip Code	4
Skagit Valley H						int Vernon	30. Location-	WA	98274	200
. Method of Disposition Cremation	ľ	9. Place of Final Disp Hawthorne M	100	21	emalory, otner p	olace)	Mount Ve		15 to 15	() ·
. Name and Complete Add	tress of Funeral		emortar	Fark		 	IMOULIC VE		Disposition	
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Funeral Director Signat		ΠJ			*		4.5	··	-	
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Affidavit for Correction

Center for Health Statistics

19 Health	Amadell	Olympi	P.U. BOX 9709 Olympia, WA 98507-9709					
TICOLUIT	This is a legal Document. C				aiter. (360) 2	36-4300		
State File Number	STATE OFF	-1CE U	Initials	Date	•	Affidavit Number		
Use the section below for requesting any changes on the record.								
Record Type: Birth	☐ Death			arriage		Dissolution		
1. Name on record:			2. Date of	of Event:	3. Place o	of Event: (City or County)		
4. Father's Full Name (For Bi	rth); (Husband for Marriage or Dissolutio			`` <u> </u>	r Birth): (Wife fo	r Marriage or Dissolution)		
	The Record is Incorred	<u>ct or Inc</u>	complete					
6.	ecord now shows:	7.		ו	The True fact is:			
8.		9.						
10.		11.						
12.		13.						
14. I represent the person a		lian (Speci	□ Infoi fv)	rmant	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. Ad	dress:				-		
	received. An item may be changed by afficence one year of the date it was issued to receive					le by court order. The incorrect		
All changes must be established Examples of documentary proof:	Hospital Records Insurance Records	Medical R	ecord ecord (DD-2	?14)	effective dat	stration Card (if it bears an		
Birth Certificates:								
The proof(s) must match of name to be Mary Ann Doe Proof must be five (or more up to age one, the parent	lian (if the child is under 18), or the adult the exactly the asserted true fact(s). For examp e. Mary A. Doe or M.A. Doe does not prove re) years old or have been established with (s) or legal guardian may change the child!	le, if the a the name in five years Is last name	affidavit say e is Mary Ar ars of birth ne with an a	s the name is M nn Doe affidavit for corre	lary Ann Doe, the	en the proof must show the		
The new last name may After age one, last name documentary proof.	change. Subsequent changes will require a be the mother's maiden name or father's ne changes require a certified copy of a court	ame (if p i ordered	resent on th name chan	ne certificate) or ge. Minor spellir	any combinatio ng changes may	be made with an affidavit and		
 Parent(s) may change the This affidavit cannot be 	ir child's first or middle name by completing used to add a father to a birth certificate.	_ਤ ਕਜ਼ਹ ਤਾਉ ∷(Use th	paternity	affidavit - form	DOH/CHS 021	mus rom ummary).		
Death Certificates:			~		· ····	- 4 4		
information. 2. The medical information (neral director, or executors/administrators (cause of death) may be changed only by the from date of death please contact the cour	ne certifyi	ng physicia	n or the corone	r/medical exami	ner.		

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)

2.



Marriage/Dissolution (Divorce) Certificates:

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TT00112972 Skagit County Health Department Howard Leibrand M.D., Health Officer