



201304260076

Skagit County Auditor \$35.00
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WHEN RECORDED, RETURN TO:
FIRST AMERICAN MORTGAGE SERVICES
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING

Please Type or Print Neatly and Clearly All Information

Document Title(s)

Death Certificate

Reference Number(s) of Related Documents

Grantor(s) (Last Name, First Name, Middle Initial)

Newman, Donna M

Newman, James Oliver - deceased

Grantee(s) (Last Name, First Name, Middle Initial)

Newman, Donna M

Legal Description (Abbreviated form is acceptable, i.e. Section/Township/Range/Qttr Section or Lot/Block/Subdivision)

Lot 15 Big Lake Heights
Vol 16 Pgs 118-120

Assessor's Tax Parcel ID Number

P109209

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

Sign below only if your document is Non-Standard.

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

Signature of Requesting Party

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 259 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix James Oliver Newman				2. Death Date 9-14-2011	
3. Sex (MF) M	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. County of Death Okanogan	
7. Birthdate 04-16-1944		8a. Birthplace (City, Town, or County) Los Angeles		8b. (State or Foreign Country) California	
9. Decedent's Education College			12. Was Decedent ever in U.S. Armed Forces? NO		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 23506 Molly Lane				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) -----		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98274		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 10 yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Donna May Lai Law	
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED).) Supervisor			18. Kind of Business/Industry (Do not use Company Name) Steel Fabrication		
19. Father's Name (First, Middle, Last, Suffix) Enloe Owens Newman			20. Mother's Name Before First Marriage (First, Middle, Last) Jo Ann Perley		
21. Informant's Name Donna M Newman		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 23506 Molly Lane Mount Vernon WA. 98274	
24. Place of Death, if Death Occurred in a Hospital: ----- Place of Death, if Death Occurred Somewhere Other than a Hospital: Hwy 20 MP. 160					
25. Facility Name (If not a facility, give number & street or location) Hwy 20 Mile Post 160			26a. City, Town, or Location of Death Twisp		26b. State WA
27. Zip Code 98856		28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Steep Hill Cemetery	
30. Location-City/Town, and State Rye Hill ARK				31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 3rd St Sedro Woolley 98284	
32. Date of Disposition 9-24-2011				33. Funeral Director Signature X <i>[Signature]</i>	

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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. MASSIVE TRAUMA DUE TO MOTORCYCLE ACCIDENT	Interval between Onset & Death IMMEDIATE
Due to (or as a consequence of):	Interval between Onset & Death
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
Due to (or as a consequence of):	Interval between Onset & Death
c. _____	Interval between Onset & Death
Due to (or as a consequence of):	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 Probably
 No Unknown

41. Date of Injury (MM/DD/YYYY) **09/14/2011**

42. Hour of Injury (24hrs) **Unk**

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) **JUST OFF ROADWAY MP 159/160 SR 20**

44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: **SR 20 NEAR MP 159/160** City or Town: **Okanogan** State: **WA** Zip Code + 4: _____

46. Describe how injury occurred
DECEASED WAS RIDING MOTORCYCLE THAT FAILED TO NEGOTIATE A TURN

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

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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Clay Hill 237 4th N. Box 1130 Okanogan, WA 98849

50. Hour of Death (24hrs)
Unk

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

52. Date Signed (MM/DD/YYYY)
09/16/2011

53. Title of Certifier
DEPUTY PROSECUTOR

54. License Number
WSBA #34103

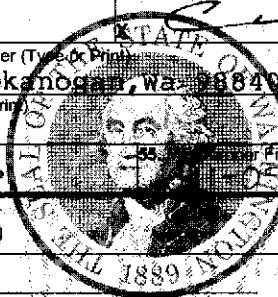
55. State File Number
259

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

57. Registrar Signature
Sharon B. Smith, Registrar

58. Date Received (MM/DD/YYYY)
09-14-2011

59. Amendments



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Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 226 4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee (if other)	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) (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:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify) _____

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.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
 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 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult, himself or herself (if 18 or older) may change the birth certificate.
- The information must exactly reflect 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 (5) 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 (up to their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DQH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, the next of kin/admiral actors (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 carrying 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, maiden 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 and dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

SEP 19 2011

Dr. John F. McCarthy, M.D.
Kanagawa County Public Health
Olympia, WA 98540

UU00460457



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EXHIBIT "A"

ALL THAT CERTAIN LAND SITUATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, CITY OF MOUNT VERNON, DESCRIBED AS FOLLOWS:



LOT 15, "BIG LAKE HEIGHTS", AS PER PLAT RECORDED IN VOLUME 16 OF PLATS, PAGES 118 THROUGH 120, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

FOR INFORMATION ONLY:


LOT 15, BIG LAKE HEIGHTS, VOL 16 PAGES 118 THRU 120

APN #: **P109289**

Commonly known as: 23506 Molly Lane, Mount Vernon, WA 98274

 **NEWMAN**
46824575
FIRST AMERICAN ELS
DEATH CERTIFICATE COPY


WA


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