

Return Address:

KAREN SMITH
PO Box 74
CONCRETE, WA



201506220095

Skagit County Auditor \$34.00
6/22/2015 Page 1 of 3 11:51AM

Document Title:

DEATH CERTIFICATE

Reference Number (if applicable):

201408050071

Grantor(s):

additional grantor names on page ___

- 1) DONALD W JOHNSTON
- 2) _____

Grantee(s):

additional grantor names on page ___

- 1) KAREN RENEE SMITH
- 2) DONNA ARLENE JOHNSTON
- 3) AUOREY JOHNSTON

Abbreviated Legal Description:

full legal on page(s) ___

LOTS 8-11 TOGETHER W/ 1/2 OF ALLEY BLOCK 4, PLAT OF
HAMSTROM'S ADDITION TO GRASSMERE, TOGETHER WITH
PORTION OF TRACT B
SUBJECT TO EASMENTS, RESTRICTIONS AND RESERVATIONS
OF TRACT B

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ___

P 71053

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2015 2302
JUN 22 2015

Amount Paid \$0
Skagit Co. Treasurer
By HB Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-022747

DATE ISSUED: 06/22/2015

FEE NUMBER: 000000029

GIVEN NAMES: DONALD WILFRED
LAST NAME: JOHNSTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 06, 2014
HOUR OF DEATH: 04:05 P.M.
SEX: MALE
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: RAPID CITY, PENNINGTON CNTY, SOUTH DAKOTA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SAWYER
INDUSTRY: SHINGLE MILLS
EDUCATION: 8 YEARS
US ARMED FORCES? NO

INFORMANT: KAREN SMITH
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 74, CONCRETE, WA 98237

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7493 2ND STREET
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 7493 2ND STREET
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 68 YEARS

FATHER: ERNEST MICHEL JOHNSTON
MOTHER: EDNA MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: OCTOBER 09, 2014

FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JOHN K. MOODY

- CAUSE OF DEATH:
- A. SQUAMOUS CELL CARCINOMA
INTERVAL: 6 MONTHS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DANIEL H. GARCIA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 7438 SOUTH D AVENUE, SUITE A
CITY, STATE, ZIP: CONCRETE WA 98237
DATE SIGNED: OCTOBER 08, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NAME

NUMBER(S): 2014065154
DATE(S): 10/09/2014



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: OCTOBER 09, 2014

DOH 01-003 (1/15)

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

State Telephone Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

<input type="checkbox"/> Record Types	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
1. Name on Record	2. Date of Event		3. Place of Event	
4. Spouse/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
6. Reason for Requesting Correction:	Relationship to Person on Record:	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
		<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)

7. Return Mailing Address

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

15a. Signature: _____ Date: _____ Printed name: _____

15b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

Child (under 18)

- If legal guardian(s), include certified court order proving guardianship
- Last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names)*
- At age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

No change any part of the name of a child using this form. Signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED

JUL 22 2015

Howard I. Ehrhard
 Skagit County Health Department
 Howard I. Ehrhard M.D., Health Officer

0000035904