



201608150032

Skagit County Auditor

\$35.00

8/15/2016 Page

1 of

3 9:00AM

**WHEN RECORDED RETURN TO:**

*Land Title and Escrow*

*Burlington*

**DOCUMENT TITLE(S):  
CERTIFICATE OF DEATH**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

*State of WA.*

**GRANTEES:**

*Roy Bunnard*

*Land Title and Escrow*

*#155139-*

**ABBREVIATED LEGAL DESCRIPTION:**

**Lot 5, Tinas Coma.**

**TAX PARCEL NUMBER(S):**

**4755-000-005-0000, P117040**

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **186-07** Washington State Certificate of Death State File Number

1. Local Name (Include AKA's if any) First Middle LAST			2. Death Date		
Roy Franklin Buzzard			02/18/2007		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
M	64	Months Days	Hours Minutes	[REDACTED]	Skagit
7. Birth date	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
[REDACTED]	Centralia	WA	Some college credit, no degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
No			White		Yes
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
1266 Hillcrest Drive				Burlington	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	
Skagit		[REDACTED]		WA	
13f. Zip Code + 4		13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
98233					
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
2 Years		Married		Linda Lucile Lewis	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Co-owner			Timber/Lumber Company		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
James Layton Buzzard			Marian Naomi		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
Linda Buzzard		Wife		1266 Hillcrest Drive, Burlington, WA 98233	
24. Place of Death, if Death Occurred in a Hospital: <span style="float: right;">Place of Death, if Death Occurred Somewhere Other than a Hospital:</span>					
Decedent's home					
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death	
1266 Hillcrest Drive				Burlington	
				26b. State	
				WA	
				27. Zip Code	
				98233	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Mount Vernon Cemetery		Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Hulbush Funeral Home & Cremation Service Burlington, WA 98233				02/20/2007	
33. Funeral Director Signature <i>[Signature]</i>					

**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) →	Interval between Onset & Death
a. Congestive heart failure	days
Due to (or as a consequence of):	
b. Cardiomyopathy	years
Due to (or as a consequence of):	
c. alcohol	years
Due to (or as a consequence of):	
d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: *peripheral neuropathy*

36. Autopsy?  Yes  No

37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death

<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Homicide	39. If female	40. Did tobacco use contribute to death?
<input type="checkbox"/> Accident	<input type="checkbox"/> Undetermined	<input type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Yes <input type="checkbox"/> Probably
<input type="checkbox"/> Suicide	<input type="checkbox"/> Pending	<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
		<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	

41. Date of Injury (mm/dd/yyyy)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, vehicle, etc.)

44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street City or Town County State Zip Code Apt No.

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 circumstances indicated on this certificate. *T.W. MD J MD*

48b. Medical Examiner/Coroner - On the basis of my personal or professional investigation, in my opinion, death occurred at the time, date, and place indicated on this certificate. *[Signature]*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)

T.W. Martin, Jr., 1900 Hospital Drive, Sedro-Woolley, WA 98284

50. Hour of Death (24hrs) *0220*

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

52. Date Signed (mm/dd/yyyy) *02/20/2007*

53. Title of Certifier *MD*

54. License Number

55. ME/Coroner File Number *NJA 043*

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

57. Registrar Signature *Cornie Anderson Deputy*

58. Date Received (mm/dd/yyyy) *FEB 20 2007*

59. Amendments



DOH/CHS 003 Rev 2/08/004

DOH 01-003 (5/99)

**Affidavit for Correction**

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

Fill in all required information completely in ink and do not alter.  
**QUEST OFFICE USE ONLY**

Size of Birth Certificate: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

Use this form only for correcting any changes on the record.

Record Type:  Birth  Marriage  Dissolution

1. Name of Person: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth) / Mother's Full Name (For Marriage or Dissolution) or Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

5. The Record is incorrect. It is incomplete as follows:  
The Actual Fact is: \_\_\_\_\_ The True fact is: \_\_\_\_\_

6. \_\_\_\_\_  
8. \_\_\_\_\_  
10. \_\_\_\_\_  
12. \_\_\_\_\_

14. I discovered the person is:  Child  Guardian  Informant  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

15. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All vital records are registered as received by the state only. Changes may be made only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within 90 days of the date of issuance. A replacement copy is of charge.

- All changes must be supported by the following proof:
- Birth Certificate: Hospital Record, Marriage License, etc.
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

- Birth Certificates:
1. Only a parent (for legal birth) or the child (and parent) or the adult child (and parent) or other may change the birth certificate.
2. The proof(s) must match a copy that is filed in the office. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, not Mary A. Doe.
3. Proof is valid for two (or more) years after the date of birth for children under five years of birth.
4. Up to age 18, the certificate or legal record may change the child's first name with an affidavit for correction, provided:
- This is a first name only change.
- The new last name may be the mother's maiden name or the father's (if present on the certificate) or any combination of the two.
- After age 18, last name changes must be supported by court ordered name change.
5. Parent(s) may change the child's name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit cannot be used to amend a birth certificate (use the paternity affidavit form DOH/CHS 021)

- Death Certificates:
1. Only the informant or a parent (legal guardian) or other (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If the less than six months from date of death, please contact the health department where the death occurred to make changes.

- Marriage/Dissolution (Court Order) Certificates:
1. Persons, dates, times, spelling of names, date of birth, date of residence may be changed by affidavit (with proof) by the person.
2. To change the date of marriage or date of dissolution, the clerk of court (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH-CHS 021 (Rev. 9/2002)

**\*CERTIFIED\***

FEB 27 2007

*Howard Leibrand* 0000266585

Ragot County Public Health Department  
Howard Leibrand M.D., Health Officer