



201708160010

Skagit County Auditor \$36.00
8/16/2017 Page 1 of 3 11:18AM

Return Address:

Geoff Garrett PLLC
11820 Northup Way Ste. E200
Bellevue, WA 98005

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

- 1. Death Certificate
- 2. _____
- 3. _____
- 4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document

- 1. Lewis, ELIZABETH, deceased
 - 2. _____
- Additional names on page _____ of document.

Grantee(s) Exactly as name(s) appear on document

- 1. PUBLIC
 - 2. _____
- Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Spinks Add. to Anacortes lot 7

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number
assigned 3832-000-007-0001

Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

ORIGINAL

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2013-007359

DATE ISSUED: 08/03/2017
FEE NUMBER: 70002855

FIRST AND MIDDLE NAME(S): ELIZABETH
LAST NAME(S): LEWIS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 17, 2013
HOUR OF DEATH: 02:30 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 610 LONGVIEW AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 610 LONGVIEW AVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: ERWIN, TN

FATHER/PARENT: HOWELL HENSLEY
MOTHER/PARENT: :S

MARITAL STATUS: MARRIED
SPOUSE: VERNON CHARLES LEWIS

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: APRIL 26, 2013

INFORMANT: RICK T LEWIS
RELATIONSHIP: SON
ADDRESS: 610 LONGVIEW AVENUE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL

ADDRESS: 1105 - 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:

A: PATIENT HAD TWO SEVERE STROKES WITHIN 6 MONTHS RESULTING IN INABILITY TO TAKE ORAL FOOD OR DIET.

INTERVAL: 6 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY:

CERTIFIER NAME: DAVID H. BROWN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: APRIL 25, 2013

LOCATION OF INJURY: UNKNOWN

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA # 231
ATTENDING PHYSICIAN: DAVID BROWN, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: APRIL 25, 2013



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4390

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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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name: (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name: (Spouse B for Marriage or Dissolution) _____

6. Name of Person Registered: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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:

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

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

16a. Signature: _____ Date: _____

16b. 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
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After 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

*To change any part of the name of a child, 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). The informant may change marital status with proof. 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christine Spicer, State Registrar

Christine Spicer



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.