



201708250053

Skagit County Auditor

8/25/2017 Page

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\$79.00

6 10:41AM

When Recorded Please Return To:

LAWRENCE A. PIRKLE

PO Box 1788

Mount Vernon, WA 98273

(360) 336-6587

DOCUMENT TITLE: LACK OF PROBATE AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY

REFERENCE NUMBER:

GRANTOR: TAEKO GREBENOR

GRANTEE: FREDERICK W. GREBENOR

LEGAL DESCRIPTION:

The West 10 feet of Lot 5 and all of Lot 6, Block 2, of PATCHEN'S
SECOND ADDITION TO MOUNT VERNON, as per plat recorded in
Volume 7 of Plats, page 3, records of Skagit County, Situate in the County
of Skagit, State of Washington.

ASSESSOR PARCEL NO: 3752-002-006-0004 (P54109)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/30/2017
FEE NUMBER:

CERTIFICATE NUMBER: 2017-028724

FIRST AND MIDDLE NAME(S): **FREDERICK WILLIAM**
LAST NAME(S): **GREBENOR**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **JUNE 28, 2017 FOUND**
HOUR OF DEATH: **UNKNOWN**
SEX: **MALE** AGE: **80 YEARS**
SOCIAL SECURITY NUMBER: **359-28-1665**

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

BIRTH DATE: **JULY 23, 1936**
BIRTHPLACE: **CHICAGO, IL**

MARITAL STATUS: **MARRIED**
SPOUSE: **TAEKO HIRONAKA**

OCCUPATION: **US NAVY**
INDUSTRY: **MILITARY**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **GRACE ROLFSON**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **611 NORTH 18TH PLACE MOUNT VERNON, WA 98273**

CAUSE OF DEATH:
A: **METASTATIC COLON CANCER**
INTERVAL: **> 1 YEAR**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CONGESTIVE HEART FAILURE**

DATE OF INJURY:
HOUR OF INJURY: **UNKNOWN**
INJURY AT WORK: **UNKNOWN**
PLACE OF INJURY:

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **1515 FOWLER STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

RESIDENCE STREET: **1515 FOWLER STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **41 YEARS**

FATHER/PARENT: **STEPHEN GREBENOR**
MOTHER/PARENT: **JENNIE MILITARY**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **JUNE 30, 2017**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **KIRK S. DUFFY**

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

CERTIFIER NAME: **RYAN GUANZON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1400 E. KINCAID STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
DATE SIGNED: **JUNE 29, 2017**

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

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **JUNE 30, 2017**



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

Required	Record Type: <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. 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 Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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:

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:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

1. 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.
2. **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.
3. Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 October 2015

CERTIFIED

JUN 30 2017

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



0 1 4 4 1 7 6 6

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