



201808020063

08/02/2018 10:45 AM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Clarke Family Trust
PO Box 2232
Anacortes WA 98221

DOCUMENT TITLE(S):

Death Certificate

A116278
GUARDIAN NORTHWEST TITLE CO.

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Cynthia Jane Clarke

GRANTEES:

ABBREVIATED LEGAL DESCRIPTION:

, , Skyline No. 18, a Condominium, according to the Plat thereof filed in Volume 9 of Plats at Page(s) 110, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

P60327, 3831-000-091-0009

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 11/8/2017

Local File Number 5531		Washington State Certificate of Death			State File Number		
1. Legal Name (include AKA's if any) First Middle LAST Suffix Cynthia Jane Clarke				2. Death Date 06-08-2010			
3. Sex (M/F) Female	4a. Age - Last Birthday 64	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death King		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Pasadena	8b. (State or Foreign Country) California		9. Decedent's Education High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No				11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 5103 Croatian Way				13b. City or Town Anacortes			
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 5 Years	15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) David Allen Clarke				
17. Usual Occupation (indicates type of work done during most of working life. (DO NOT USE RETIREE)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home			
19. Father's Name (First, Middle, Last, Suffix) Donald Peterson			20. Mother's Name Before First Marriage (First, Middle, Last) Marjorie [REDACTED]				
21. Informant's Name David A. Clarke		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 645 Anacortes, WA 98221				
24a. Place of Death, if Death Occurred in a Hospital: Inpatient				24b. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) Virginia Mason Hospital				26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98101	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Neptune Society Cremation Services		30. Location-City/Town, and State Kent, WA			
31. Name and Complete Address of Funeral Facility Neptune Society 19324 40th Ave. S. #A Lynnwood, WA 98036				32. Date of Disposition 06-10-2010			
33. Funeral Director Signature X <i>Ed Sussan</i>							
34. Cause of Death (See Instructions and examples) 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. Pancreatic Cancer Interval between Onset & Death 18 mo 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 b. Due to (or as a consequence of) Interval between Onset & Death c. Due to (or as a consequence of) Interval between Onset & Death d. Due to (or as a consequence of) Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <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		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street. City or Town. State. Zip Code + 4: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred				48. Certifying Physician-To the best of my knowledge, death occurred as a result of the cause or causes stated on this certificate and I am a duly licensed physician in the State of Washington.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Flora Soche MD 1100 9th Ave Seattle WA 98101				48b. Medical Examiner/Coroner - On the basis of examination and investigation, I certify that the cause of death is as stated on this certificate.			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				50. Hour of Death (24hrs) 12:45 am			
53. Title of Certifier MD				54. License Number MD00026321		52. Date Signed (mm/dd/yyyy) 6/8/2010	
47. Registrar Signature <i>Jon Nakagawa</i>				55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments				58. Date Received (mm/dd/yyyy) JUN 10 2010			

750-45
CA10-04141
Part 1 completed by Funeral Director
Part 2 completed by Certifier

DOH/CHS 003 Rev 07/03/07

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201808020063

Man to: Center for Health Statistics

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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
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: P O Box or Street Address City State Zip				
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.

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

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.

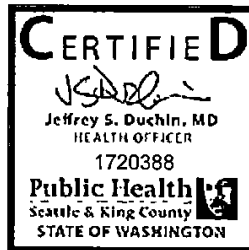
Marriage/Dissolution (Divorce) Certificates

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



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



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