


When Recorded Return to:  
Indecomm Global Services  
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1260 Energy Lane  
St. Paul, MN 55108

  
**201808130067**  
08/13/2018 09:49 AM Pages: 1 of 4 Fees: \$40.00  
Skagit County Auditor

Order #: 64643718-4635947

Borrower: DENISE M. MASSEY

Prepared by: AMROCK  
662 WOODWARD AVE  
DETROIT, MI 48226

*ABBREVIATED LEGAL: LOT 2 AND # BLOCK 2 J.M. MOORE'S  
Addition to Anacortes, plat thereof recorded in Volume 1  
OF PLATS, Page 32*  
APN#: 38040020040004 **CERTIFICATE OF DEATH**

*Record 1st P57901*

*81119779*

*Grantor: Wash. State of*

*Grantee: Dianne Lee Hide*

~~Return to:~~ DENISE M. MASSEY  
1215 30TH ST  
ANACORTES, WA 98221

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

of 4

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-028056

LOCAL FILE NUMBER: 17416

DATE ISSUED: 06/28/2017

FEE NUMBER: 400149

FIRST AND MIDDLE NAME(S): DIANNE LEE  
LAST NAME(S): HIDE

COUNTY OF DEATH: CHELAN  
DATE OF DEATH: JUNE 18, 2017  
HOUR OF DEATH: 07:48 PM  
SEX: FEMALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: MARRIED  
SPOUSE: DAVID CHARLES HIDE

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

INFORMANT: CARL A PIRES  
RELATIONSHIP: SON  
ADDRESS: 315 STONEYBROOK LANE, WENATCHEE, WA 98801

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: MINUTES  
B: CORONARY ARTERY DISEASE  
INTERVAL: UNKNOWN  
C: DIABETES MELLITUS, HYPERLIPIDEMIA, HYPERTENSION  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: EMERGENCY ROOM  
FACILITY OR ADDRESS: CENTRAL WASHINGTON HOSPITAL  
CITY, STATE, ZIP: WENATCHEE, WASHINGTON 98801

RESIDENCE STREET: 1553 HOLLY LANE  
CITY, STATE, ZIP: EAST WENATCHEE, WASHINGTON 98802  
INSIDE CITY LIMITS: YES COUNTY: DOUGLAS  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: CARL HOLZBOOG  
MOTHER/PARENT: LUCILLE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: N.C.W. CREMATORY

CITY, STATE: EAST WENATCHEE, WASHINGTON  
DISPOSITION DATE: JUNE 27, 2017

FUNERAL FACILITY: TELFORD'S CHAPEL OF THE VALLEY

ADDRESS: 711 GRANT ROAD  
CITY, STATE, ZIP: EAST WENATCHEE, WASHINGTON 98802  
FUNERAL DIRECTOR: RICK D. PHILLIPS

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

CERTIFIER NAME: BETHANY LYNN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1201 S MILLER ST  
CITY, STATE, ZIP: WENATCHEE, WA 98801  
DATE SIGNED: JUNE 27, 2017

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: BETHANY LYNN, MD

LOCAL DEPUTY REGISTRAR: LORENA OROZCO  
DATE RECEIVED: JUNE 27, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201808130067

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

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

08/13/2018 09:49 AM Page 2 of 4

### 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

<b>Required</b>	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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

# CERTIFIED

CHELAN-DOUGLAS HEALTH DISTRICT

JUN 28 2017



*Francis J. Collins*  
**FRANCIS JV COLLINS, M.D.**  
 HEALTH OFFICER & REGISTRAR



0 1 4 0 4 1 1 5

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

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 38040020040004

Land situated in the City of Anacortes in the County of Skagit in the State of WA

LOTS 3 AND 4, BLOCK 2, J.M. MOORE'S ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF  
RECORDED IN VOLUME 1 OF PLATS, PAGE 32, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SITUATED IN SKAGIT COUNTY, WASHINGTON.  
Parcel ID: 38040020040004

Commonly known as: 1215 30th St, Anacortes, WA 98221-2723

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR  
INFORMATIONAL PURPOSES



\*U06774089\*

1632 8/7/2018 81119779/1