

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Alice Sitton 21374 Cook Road Sedro Woolley, WA 98284	legal	sister

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

PARCEL A:

Lot 3 of SKAGIT COUNTY SHORT PLAT NO. 96-0028, as approved November 1, 1999 and recorded November 5, 1999 under Auditor's File No. 199911050074, records of Skagit County, Washington; being a portion of the Southeast Quarter of the Southeast Quarter of Section 14, Township 35 North, Range 4 East of the Willamette Meridian.

Situated in Skagit County, Washington.

PARCEL B:

An easement for ingress, egress and utilities, as shown on the face of Skagit County Short Plat No. 96-0028, as approved November 1, 1999 and recorded November 5, 1999 under Auditor's File No. 199911050074, records of Skagit County, Washington; being a portion of the Southeast Quarter of the Southeast Quarter of Section 14, Township 35 North, Range 4 East of the Willamette Meridian, and as declared in that instrument recorded November 5,

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-012547

DATE ISSUED: 03/21/2019
FEE NUMBER:FIRST AND MIDDLE NAME(S): BURRELL JAMES
LAST NAME(S): COOKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 19, 2019
HOUR OF DEATH: 06:30 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 22784 RALLYE LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 22784 RALLYE LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: DARRINGTON, WAFATHER/PARENT: EULA ANDY COOK
MOTHER/PARENT: LETHA ADA [REDACTED]MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: LYMAN CEMETERYOCCUPATION: OWNER/OPERATOR
INDUSTRY: SHAKE MILL
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOCITY, STATE: LYMAN, WASHINGTON
DISPOSITION DATE: MARCH 25, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

INFORMANT: ALICE SITTON
RELATIONSHIP: SISTER
ADDRESS: 21374 COOK ROAD BURLINGTON, WA 98233ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEYCAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE ORTHOSTATIC
HYPOTENSION, DYSPHAGIA, AUTONOMIC DYSFUNCTIONMANNER 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: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 20, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 20, 2019



Affidavit for Correction

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

Washington State Department of Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

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 Requesting Correction: 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:

8. The record now shows: 9. The true fact is:
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 2nd parent (if required):
Printed name: Date: Printed name: 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; 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

MAR 21 2019

Handwritten signature of Howard Leibrand

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



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