

WHEN RECORDED RETURN TO:

Guardian NW Title
3202 Commercial Ave
Anacortes, WA 98221



201908150097

08/15/2019 03:58 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

19-2775-KS

DOCUMENT TITLE(S):	Death Certificate.	GUARDIAN NORTHWEST TITLE CO. 19-2775
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	: STATE OF WASHINGTON	
	: VALERIE JEANNE DANIEL	
ABBREVIATED LEGAL DESCRIPTION:	Lots 1, 2 and E 1/2 L3, Block 226, Anacortes	
TAX PARCEL NUMBER(S):	P119444 & 3772-226-003-0000	

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/06/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-024645

FIRST AND MIDDLE NAME(S): VALERIE JEANNE
LAST NAME(S): DANIEL

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 31, 2019
HOUR OF DEATH: 05:10 PM
SEX: FEMALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BALTIMORE, MD

MARITAL STATUS: MARRIED
SPOUSE: MICHAEL LEE DANIEL

OCCUPATION: ENGINEER ASSISTANT
INDUSTRY: OIL INDUSTRY
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: MIKE L DANIEL
RELATIONSHIP: HUSBAND
ADDRESS: 2301 23RD STREET, ANACORTES, WA 98221

CAUSE OF DEATH:
A: ACUTE ON CHRONIC HYPOXIC RESPIRATORY FAILURE
INTERVAL: 3 WEEKS
B: PULMONARY ASPERGILLOSIS
INTERVAL: 3 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROGRESSIVE PULMONARY
INTERSTITIAL FIBROSIS FOR 2 MONTHS

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: NORTHWEST HOSPITAL AND MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133

RESIDENCE STREET: 2301 23RD STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: GEORGE ALBERT HENRY
MOTHER/PARENT: VIOLET FRANCE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 04, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

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

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: NO RESPONSE

CERTIFIER NAME: ELIZABETH A. PLOTKIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1550 N 115TH ST, MS: D-149B
CITY, STATE, ZIP: SEATTLE, WA 98133
DATE SIGNED: JUNE 03, 2019

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: JUNE 03, 2019



Affidavit for Correction

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

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, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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

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

CERTIFIED

JUN 06 2019

RECEIVED

JUL 01 2019

LifeMap

Handwritten signature

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



0 2 1 4 0 1 1 6

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