

WHEN RECORDED RETURN TO:

Susan Knowlton
4300 Gooding Ave
Bellingham, WA 98226



201910090024

10/09/2019 10:42 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

DOCUMENT TITLE(S): Death Cert	GUARDIAN NORTHWEST TITLE CO. 19-33A1
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	
GRANTOR: STATE OF WASHINGTON	
:	
GRANTEE: Violet Victoria Weatherby	
ABBREVIATED LEGAL DESCRIPTION: Section 18, Township 35 North, Range 5 East, NE SE	
TAX PARCEL NUMBER(S): P39388 & 350518-4-010-0004	

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 204-06 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix 2. Death Date
VIOLET VICTORIA WEATHERBY Mar 3, 2006

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Decedent's Birth Date 6. County of Death
 Female 86 Months Days Hours Minutes [redacted] Skagit

7a. Birthplace (City, Town, or County) 7b. (State or Foreign Country) 9. Decedent's Education
 Lynden Washington High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify 11. Decedent's Race(s) 12. Was Decedent ever in US Armed Forces? No
 No Caucasian

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 13b. City or Town
 8645 Fruitdale Road Sedro-Woolley

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
 Skagit Washington 98284 Yes No Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage)
 13 years Married Harry Weatherby

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) 18. Kind of Business/Industry (Do not use Company Name)
 Home Maker Own Home

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
 Arthur Urfer Ethe [redacted]

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
 Sue Knowlton Daughter 4300 Gooding Avenue Bellingham WA 98226

24. Place of Death: If Death Occurred in a Hospital: If Death Occurred Somewhere Other than a Hospital:
 In-Patient

25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
 United General Hospital Sedro-Woolley WA 98284

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
 Burial Greenacres Cemetery Ferndale, Washington

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
 Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284 March 9, 2006

33. Funeral Director Signature X
Rich Lemley

34. 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
 Cause of Death (See Instructions and examples)
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. *Acute Pancreatitis* Interval between Onset & Death: *Days*
 Due to (or as a consequence of)
 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? 37. Were autopsy findings available to complete the Cause of Death?
Hyperkalemia / CUA / NIDDM Yes No Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
 Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes Probably
 Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death No Unknown
 Suicide Pending Unknown if pregnant within the past year

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?
 [redacted] [redacted] [redacted] Yes No Unk

45. Location of Injury: Number & Street Apt No
 City or Town County State Zip Code + 4

46. Describe how injury occurred 47. If transportation injury, specify.
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician: To the best of my knowledge, death or cause of the [redacted] state and [redacted] state.
 X *Denis Harlock* X
 48b. Medical Examiner/Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and just to the causes and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)
 Denis Harlock, MD 830 Ball Street Sedro-Woolley, WA 98284 1535 hrs

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) 52. Date Signed (mm/dd/yyyy)
 [redacted] March 6, 2006

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?
 Physician 38085 [redacted] Yes No

57. Registrar Signature 58. Date Received (mm/dd/yyyy)
 X *Conce Anderson Deputy* MAR - 6 2006

59. Amendments





Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

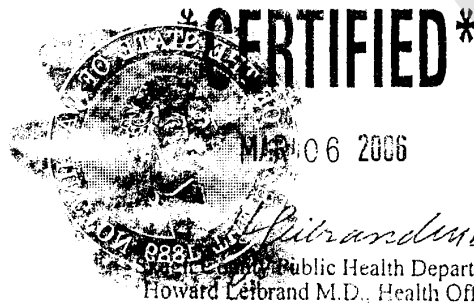
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



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