



201910290114

10/29/2019 03:26 PM Pages: 1 of 4 Fees: \$42.00
Skagit County Auditor

Document Title: Death Certificate

Reference Number: 201907120039

Grantor(s): additional grantor names on page ____.

1. Washington state

2.

Grantee(s): additional grantee names on page ____.

1. Susan Jeanne Ellingson

2.

Abbreviated legal description: full legal on page(s) ____.

(0.3300 ac) that portion of Lots 11 and 12

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____.

P57527

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20194738
OCT 29 2019

Amount Paid \$
Skagit Co. Treasurer
By *BT* Deputy

After recording please return to:
Benner-Rothboeck
1008 5th Street
Anacortes, Washington 98221

Certificate of Death for Transfer on Death Deed

GRANTOR: SUSAN J. ELLINGSON, the registered domestic partner of Mia A. Steinberger.

DESIGNATED BENEFICIARY: MIA A. STEINBERGER, the registered domestic partner of Susan J. Ellingson.

REFERENCE: The Certificate of Death for Susan Jeanne Ellingson (attached as page 2) is recorded to formalize the transfer pursuant to the Transfer on Death Deed recorded on July 12, 2019 under Skagit County Auditor's File Number **201907120039**.

Parcel Number: P57527

XrefID Number: 3797-000-012-0007

ABBREVIATED LEGAL:

(0.3300 ac) THAT PORTION OF LOTS 11 AND 12, HILLCREST TERRACE ADDITION TO ANACORTES, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGES 81 AND 82, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING WESTERLY OF THE FOLLOWING DESCRIBED LINE: BEGINNING AT A POINT THAT LIES SOUTH 89 DEGREES 25' WEST 101.05 FEET ALONG THE NORTH LINES OF SAID LOTS 11 AND 12 FROM THE NORTHEAST CORNER OF LOT 11; THENCE SOUTH 21-44-01 EAST A DISTANCE OF 79.29 FEET; THENCE SOUTH 70-39-45 WEST A DISTANCE OF 8.08 FEET; THENCE SOUTH 21-36-15 EAST A DISTANCE OF 59.43 FEET TO THE SOUTH LINE OF SAID LOT 11 AND THE TERMINUS OF THIS LINE DESCRIPTION. SURVEY RECORDED AF#200110170059. SURVEY RECORDED UNDER AF#200503140179.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-037070

DATE ISSUED: 08/23/2019
FEE NUMBER:FIRST AND MIDDLE NAME(S): SUSAN JEANNE
LAST NAME(S): ELLINGSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 20, 2019
HOUR OF DEATH: 10:25 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3911 - V AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 3911 - V AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: SPOKANE, WAFATHER/PARENT: CLARENCE PEASE
MOTHER/PARENT: ALICE LOUIS [REDACTED]MARITAL STATUS: DOMESTIC PARTNER
SURVIVING SPOUSE: MIA A STEINBERGERMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYOCCUPATION: VICE PRESIDENT
INDUSTRY: MORTGAGE SOFTWARE SOLUTIONS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: AUGUST 23, 2019INFORMANT: MIA STEINBERGER
RELATIONSHIP: DOMESTIC PARTNER
ADDRESS: 3911 - V AVENUE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSCAUSE OF DEATH:
A: COLON CANCER, STAGE 4
INTERVAL: 5 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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 RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 21, 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: MARIA VIVANCO
DATE RECEIVED: AUGUST 22, 2019

Affidavit for Correction



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	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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth 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 nd 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 (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 using this form, 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). 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



CERTIFIED

AUG 23 2019

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



0 3 2 6 2 7 9 1