



202001270154

01/27/2020 11:58 AM Pages: 1 of 5 Fees: \$87.00  
Skagit County Auditor

Document Title:  
DEATH CERTIFICATE

Reference Number: AF 201812180006 / AF ~~20181218007~~  
20181218007

Grantor(s):  additional grantor names on page \_\_\_\_

- 1. ARTHUR R FISHER AND GEORGIA A FISHER  
FISHER FISHER
- 2.

Grantee(s):  additional grantee names on page \_\_\_\_

- 1. DAWN S FISCHER-BLANTON A MARRIED WOMAN AHSP
- 2.

Abbreviated legal description:  full legal on page(s) \_\_\_\_

DEWEY BEACH ADD 2ND LOTS 29 AND 30  
DEWEY BEACH ADD 2ND LOT 31

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

P65025 / P65026

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2020314  
JAN 27 2020

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HB Deputy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-048941

DATE ISSUED: 11/12/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GEORGIA ANN  
LAST NAME(S): FISCHER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 06, 2019  
HOUR OF DEATH: 09:30 PM  
SEX: FEMALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 5888 CENTRAL AVENUE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 5888 CENTRAL AVENUE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 58 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WA

FATHER: LOREN FREDERICK SILVERNAIL  
MOTHER: MARTHA MARIA LOUISE [REDACTED]

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: PARA EDUCATOR  
INDUSTRY: ELEMENTARY SCHOOL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: NOVEMBER 08, 2019

INFORMANT: DAWN FISCHER-BLANTON  
RELATIONSHIP: DAUGHTER  
ADDRESS: 5888 CENTRAL 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. WILLIAMS

- CAUSE OF DEATH:
- A: VASCULAR DEMENTIA  
INTERVAL: YEARS
- B: HYPERTENSION  
INTERVAL: YEARS
- C:  
INTERVAL:
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECURRENT URINARY TRACT INFECTIONS

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

DATE 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: NOVEMBER 07, 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: NOVEMBER 08, 2019



Affidavit for Correction

01/27/2020 11:58 AM Page 2 of 5

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 Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction.

7. Return Mailing Address: PO Box or Street Address, City, State, Zip

Telephone Number, Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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; 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

DOH 422-034 January 2015



\*CERTIFIED\*

NOV 12 2019

Handwritten signature

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

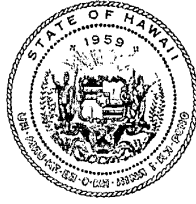


0 3 2 6 5 3 6 5

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

**CERTIFICATE OF DEATH**

STATE OF HAWAII  
DEPARTMENT OF HEALTH



CERTIFICATE NO. 151 2016 - 002697

Name of Decedent  
ARTHUR RAYMOND FISCHER

City, Town or Location of Death  
HONOLULU

County of Death  
HONOLULU

Island of Death  
OAHU

Actual or Presumed Date of Death Actual or Presumed Time of Death  
April 04, 2016 1:58 PM

Date of Birth  
[REDACTED]

Age at Death  
91 YEAR(s)

Sex Race  
MALE Caucasian

Citizenship  
USA

Ever in Armed Forces?  
YES

Social Security Number  
[REDACTED]

Marital Status  
MARRIED

Surviving Spouse (If Wife, Name Prior to First Marriage)  
Georgia Ann Silvernail

Father's Name  
Samuel A. Fischer

Mother's Name (Prior to First Marriage)  
Anna Eva [REDACTED]

Disposition

CREMATION  
Date: April 6, 2016  
Permit #: 133651

Cemetery/Crematory: OAHU CEMETERY & CREMATORY  
Location: HONOLULU, HAWAII 96817  
Funeral Home: OAHU MORTUARY

Certifier: ZIA KHAN M.D. PRIVATE PHYSICIAN

Date Certified: April 5, 2016

Original Date Certified: April 5, 2016

Date Pronounced Dead: April 4, 2016

Time Pronounced Dead: 1:58 PM

Cause of Death:  
a. CARDIOGENIC SHOCK

Manner of Death: NATURAL CAUSES

Date Filed by State Registrar: April 6, 2016

OHSM 1 2 (Rev 1/2013)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

1220072

**ANY ALTERATIONS INVALIDATE THIS CERTIFICATE**

UNOFFICIAL DOCUMENT

APR 15 2016

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR