05/08/2020 09:10 AM Pages: 1 of 3 Fees: \$41.00

Skagit County Auditor, WA

### WHEN RECORDED RETURN TO:

William H. Bridge, Jr. 7266 1st Street Concrete, WA 98237

# **LAND TITLE AND ESCROW**

# DOCUMENT TITLE(S): Death Certificate REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: GRANTOR: STATE OF WASHINGTON GRANTEE: DUNKLE, MARY C. ABBREVIATED LEGAL DESCRIPTION: LOT 133, CEDARGROVE ON THE SKAGIT TAX PARCEL NUMBER(S): 3877-000-133-0012, P64203

STATE OF WASHINGTON DEPARTMENT JOY HEALTH

TYPE OR PRINT IN PERMANENT OF ACY MAY

627

LOCAL FILE NUMBER

# Health CERTIFICATE OF DEATH

146 5 33776

1 NAME First					2. SEX (M /F) 3. DEATH DATE (Mo. Day, Yr)					
	MARY C		DUNKLE  ATE (Mo. Day, Yr) 8. BIRTHPLACE		Female Sep		tember 27, 1995			
DAY (Yrs) MOS DAYS HOUR				CE or Foreign Country)	INDS	ECEDENT EVER ARMED FORCES?	10. COUNTY	10. COUNTY OF DEATH		
11 CITY, TOWN OR LOCATION OF DEATH 12 PLACE OF DEATH. MR.				Montana		No) No		Skagit		
1. CHOME 2 CHINTRANSPORT 3 CHERGE GWONTERN 4 CHOSE 5 COMPRISE 6 CO								<ol> <li>SMOKING IN LAS 15 YEARS? (Yes /</li> </ol>	iT (No)	
Sedro Woolley Skagit Valley Convalescent Center								No		
14. MARITAL STATUS—Married, Never Married, Widowed		16. SOCIAL SECURITY NO	CIAL SECURITY NO. 17 DECEDENT'S EDUCATION (Specify only highest grade completed)							
Divorced (Specify)				Elementary/Sec						
Widowed  18 USUAL OCCUPATION (Give kind of work gone 19, KIND OF BUSINESS OR INDUSTRY						12				
18 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED)  19. KIND OF BUSINESS OR INDUSTRY				20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)						
Homemaker	OWN HOME TREET 23 CITYTOWN OR LOCATION 24 INS			(Yes / No) Specify: NO				White		
22. RESIDENCE—NUMBER AND STREET	23. CITY/R	OWN, OR LOCATION 24	I. INSIDE CITY :	SA. COUNTY	258. LENGTH OF 26. STATE RES. IN CO.			27. ZIP CODE		
4398 A Baker Dr		Concrete		Skagit	35 Yr WA		98235			
28 FATHER'S NAME—FIRST, MIDDLE, LAST		Yes 29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME								
George VanWagoner		Nettie								
30 INFORMANT—NAME	31. MAILING ADDRESS					STATE ZIP				
Julia Fanslow	6004 12	th St	NE, Tacoma,			98422				
32. BURIAL, CREMATION 33. DATE (Mo, Day, Yr) 34. CEMETERY/CREMATORY—NAME REMOVAL, OTHER (Specify)					35. LOCATION—CITY/TOWN, STATE					
Burial 09/30/1995 Forest Park Ce				emetery Concrete, W				ashington		
								00100		
Bleitz Funeral Home 316 Florentia St, Seattle, Washington										
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND DUACE. AT ON THE BASIS OF SYMMMATION AND COLUMN TO AND THE BASIS OF SYMMMATICAL AND THE BASIS OF SYMMMATICAL AND THE BASIS OF SYMMATICAL AND THE BASIS OF SYMATICAL AND THE BASIS OF SYMMATICAL AND THE BASIS OF SYMMATICAL AND THE BASIS OF SYMATI										
AND WAS DUE TO THE CAUSE(S) STATED.								ATH COCOMICD AT	ı	
SIGNATURE AND TITLE  SIGNATURE AND TITLE  SIGNATURE AND TITLE										
40. DATE SIGNED (Mo., Day, Yr) 41. HOUR OF DEATH (24 Hrs.)				44. DATE SIGNED (Mo., Day, Yr) 45. HOUF					$\neg \vdash$	
09/27/1995 0250										
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 46. PRONOUNCED DEAD (Mo., Dey, Yr)						47 HOUR PRONOUNCED DEAD				
9-27-95						2:50 Am				
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)  Various Smith MID 1952 Hoomsital Dry Codes Model 1972 Magnetic Print)						49. ME/C	49. ME/CORONER FILE NUMBER			
Vanoy Smith MD 1952 Hospital Dr, Sedro Woolley, Washington  50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:										
IMMEDIATE CAUSE (Final disease or										
							DEATH			
DO NOT ENTER THE MODE OF DIVENG, SUCH AS CARDIAC OR  A CLETE & CUroux CHF  DIVENG, SUCH AS CARDIAC OR								BETWEEN ONSET A	ND	
RESPIRATORY ARREST, SHOCK, OR   8							DEATH	DEATH 20 413		
HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE DUE TO, OR AS A CONSEQUENCE OF								INTERVAL BETWEEN ONSET AND		
Sequentially list conditions, if any, leading to immediate cause. Enter							DEATH			
O UNDERLYING CAUSE (Disease or DUE TO, OR AS A CONSEQUENCE OF signify which initiated events resulting								INTERVAL BETWEEN ONSET AND DEATH		
in death) LAST D.							Contin			
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE (YOU / NO) NO							MEDICAL E	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO		
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 55. INJURY DA	(Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs)	-	RETHOW INJURY OCCURRED.				140	$\dashv$	
							•			
58. INJURY AT WORK?  59. PLACE OF INJURY—AT HOME FARM STREET FROM THE PROPERTY OF THE PROPERTY										
(Yes/No) BLDG ETC (Specify)										
61 RECORD AMENDMENT (Registrar use only) 62 RESISTRAR										
ITEM DOCUMENTARY REVIEWED E	Y DATE	Caroline Stringer	₿ 'n	'n			63 DATE	RECEIVED (Mo., Day,	. Yr.)	
		X & Inne	017/-	Debuson	V-1	يتكييه	10-	2-95		

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE 1830ED 18 AMD RAPE RANGES. NUMBER OF CERTIFICATES | FEE NUMBER INITIALS AFFIDAVIT NUMBER STATE OFFICE USE ONLY STATE OFFICE USE ONLY 1. STATE FILE NUMBER Birth Marriage Death 🚨 The record of Dissolution 🔾 with for 3. DATE OF EVENT PLACE OF EVENT (City and County) 5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) 6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Disolution) THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: THE RECORD NOW SHOWS: THE TRUE FACT IS: 10. 13 I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY PHONE NUMBER: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT. 16. SIGNATURE 17. DATE 18. ADDRESS DCH 110-007 (Rev. 8/95) All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate, All changes must be established by documentary proof submitted with the affidavit. 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 3. name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth. 4. Examples of documents of proof: Baptismal Certificate Marriage Record School Record Census Record Medical Record Voter's Registration Card Hospital Records Military Record (DD-214) (if it bears an effective date) Insurance Records Your Child's Birth Record Passport Sumame changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and 6 documentary proof. 7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday. Death Certificates ١.

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical
- 2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. 2.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections Center for Health Statistics 1112 Quince Street South P.O. Box 9709 Olympia, WA 98507-9709

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

