

WHEN RECORDED RETURN TO:

William Melin
46692 Baker Loop Road
Concrete, WA 98237

Land Title and Escrow



202006050091

06/05/2020 03:25 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

01-170323-OE, 01-170323-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

MELIN, CHYTHIA LOUISE

ABBREVIATED LEGAL DESCRIPTION:

Lot 34, Suiattle River Forest Sites

TAX PARCEL NUMBER(S):

44023-000-034-0005, P69821

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-025214

DATE ISSUED: 01/07/2014

FEE NUMBER: 000000037

GIVEN NAMES: CYNTHIA LOUISE
LAST NAME: MELIN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 29, 2013
HOUR OF DEATH: 10:00 A.M.
SEX: FEMALE
AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: STOCKTON, SAN JOAQUIN CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: WILLIAM HARRY MELIN

OCCUPATION: MANAGER
INDUSTRY: BOOK STORE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: WILLIAM HARRY MELIN
RELATIONSHIP: HUSBAND
ADDRESS: 46692 BAKER LOOP RD, CONCRETE, WA 98237

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 46692 BAKER LOOP RD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 982379560
INSIDE CITY LIMITS? NO

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: HARRY JAMES HARVEY
MOTHER: LORENA CECILIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
CITY, STATE: BLAINE, WA
DISPOSITION DATE: JANUARY 06, 2014

FUNERAL FACILITY: FUNERAL
ADDRESS: 1313 EAST MAPLE ST STE 200
CITY, STATE, ZIP: BELLINGHAM 98225
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:

- A. SPONTANEOUS BACTERIAL PERITONITIS
INTERVAL: DAYS
B. HEPATIC CIRRHOSIS
INTERVAL: YEARS
C. ALCOHOL ABUSE
INTERVAL: YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MASOUD TALEGHANI, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: DECEMBER 30, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JANUARY 06, 2014



Affidavit for Correction

06/05/2020 03:25 PM

State of Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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: First Middle Last 2. Date of Event: 3. Place of Event: City or County

4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution)

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
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 foregoing is true and correct.

15. Signature: (Printed Name) 16. Date: 17. Address:

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the named individual (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.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

Death Certificates:

- 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 someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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.

WHATCOM COUNTY
HEALTH DEPARTMENT
DO NOT DESTROY

DOH 422-034 August 2013

JAN - 7 2014

Greg Stern MD
GREG STERN, M.D.
HEALTH OFFICER

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