

Requested by and Return to:  
**Fidelity National Agency Solutions**  
6500 Pinecrest Drive, Suite 600  
Plano, Tx 75024

**FNC-ARS-36267**

**Document Title(s): CERTIFICATE OF DEATH**

**Grantor(s)** (Last, First and Middle Initial): DEPARTMENT OF HEALTH

**DECEDENT** (Last, First and Middle Initial): DONNA RAE BAPTISTA

**Legal Description** (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)  
Lot 1 of Skagit County Short Plat No. PL00-0545 as approved May 21, 2001 and recorded May 22, 2001, under Auditor's File No. 200105220102, records of Skagit County, Washington; being a portion of Southwest Quarter of Section 27, Township 33 North, Range 4 East of the Willamette Meridian.

Situated in Skagit County, Washington.

**Assessor's Property Tax Parcel/Account Number: P118079**

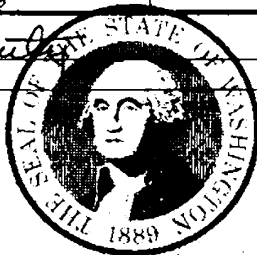
*The auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 87806 Washington State Certificate of Death State File Number

1. Legal Name (include AKA if any): DONNA RAE BAPTISTA; 2. Death Date: Oct. 30, 2006; 3. Sex (M/F): Female; 4a. Age - Last Birthday: 60; 4b. Under 1 Year: Months: Days; 4c. Under 1 Day: Hours: Minutes; 5. Social Security Number; 6. County of Death: Skagit; 7. Birthdate; 8a. Birthplace (City, Town, or County): Ketchikan; 8b. (State or Foreign Country): Alaska; 9. Decedent's Education: Some college credit, but no degree; 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No; 11. Decedent's Race(s): Alaskan Native American; 12. Was Decedent ever in U.S. Armed Forces?: No; 13a. Residence - Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 21044 Tyee Road; 13b. City or Town: Mount Vernon; 13c. Residence - County: Skagit; 13d. Tribal Reservation Name (if applicable): Haida Tribe; 13e. State or Foreign Country: Washington; 13f. Zip Code + 4: 98274; 13g. Inside City Limits?: Yes; 14. Estimated length of time at residence: 5 years; 15. Marital Status at Time of Death: Married; 16. Surviving Spouse's Name (Give name prior to first marriage): Gerald Baptista; 17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED).): Owner/Operator; 18. Kind of Business/Industry (Do not use Company Name): Professional Dog Grooming Business; 19. Father's Name (First, Middle, Last, Suffix): Donald McLeod Hamilton, Sr.; 20. Mother's Name Before First Marriage (First, Middle, Last): Margare; 21. Informant's Name: Gerald Baptista; 22. Relationship to Decedent: Spouse; 23. Mailing Address: Number and Street or RFD No.: 21044 Tyee Road; City or Town: Mount Vernon; State: WA; Zip: 98274; 24. Place of Death, if Death Occurred in a Hospital: Nursing Home/Long Term Care Facility; 25. Facility Name (if not a facility, give number & street or location): Life Care Center of Mount Vernon; 26a. City, Town, or Location of Death: Mount Vernon; 26b. State: WA; 27. Zip Code: 98284; 28. Method of Disposition: Cremation; 29. Place of Final Disposition (Name of cemetery, crematory, other place): Washelli Crematory; 30. Location-City/Town, and State: Seattle, WA; 31. Name and Complete Address of Funeral Facility: Evergreen-Washelli Funeral Home 11111 Aurora Ave N., Seattle, WA; 32. Date of Disposition: 11/06/2006; 33. Funeral Director Signature: [Signature]; 34. Cause of Death (See instructions and examples): IMMEDIATE CAUSE (Final disease or condition resulting in death): Breast Cancer; Underlying Cause (disease or injury that initiated the events resulting in death): Type 2DM, osteoarthritis; 35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Type 2DM, osteoarthritis; 36. Autopsy?: No; 37. Were autopsy findings available to complete the Cause of Death?: No; 38. Manner of Death: Natural; 39. If female: Not pregnant within past year; 40. Did tobacco use contribute to death?: No; 41. Date of Injury: 11/06/2006; 42. Hour of Injury (24hrs): 0620 hrs.; 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): Sedro-Woolley, WA; 44. Injury at Work?: No; 45. Location of Injury: Sedro-Woolley, WA; 46. Describe how injury occurred: If transportation injury, specify: Driver/Operator; 47. Certifying Physician: Stevan W. Luther, MD; 48. Medical Examiner/Coroner: Corinne Anderson, Deputy; 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Stevan W. Luther, MD 830 Ball St., Sedro-Woolley, WA 98284; 50. Hour of Death (24hrs): 0620 hrs.; 51. Name and Title of Attending Physician (if other than Certifier) (Type or Print): Corinne Anderson, Deputy; 52. Date Signed (mm/dd/yyyy): 10/30/06; 53. Title of Certifier: Physician; 54. License Number: MD00013149; 55. ME/Coroner File Number; 56. Was case referred to ME/Coroner?: Yes; 57. Registrar Signature: Corinne Anderson, Deputy; 58. Date Received (mm/dd/yyyy): NOV 3 2006; 59. Amendments

ORIGINAL





## Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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
<b>Use the section below for requesting any changes on the record.</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
<b>The Record is Incorrect or Incomplete as follows:</b>				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant				Telephone Number:
				<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)
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:

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:**

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:**

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**\* CERTIFIED \***

NOV 17 2006

*Howard Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D. Health Officer