

WHEN RECORDED RETURN TO:

**Land Title & Escrow
Order No. 05-182153-OE**

**DOCUMENT TITLE(S):
Death Certificate**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
STATE OF WASHINGTON**

**GRANTEE:
CAROLYN JANE HIGGINS**

**ABBREVIATED LEGAL DESCRIPTION:
Ptn SW NE, 21-34-4.**

**TAX PARCEL NUMBER(S):
340421-1-001-0081, P27079**

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-006742

DATE ISSUED: 06/20/2012

FEE NUMBER: 0000000029

GIVEN NAMES: CAROLYN JANE
LAST NAME: HIGGINS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 06, 2012
HOUR OF DEATH: 07:02 P.M.
SEX: FEMALE
AGE: 79 YEARS

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

SOCIAL SECURITY NUMBER:
HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

RESIDENCE STREET: 109 DIGBY ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 52 YEARS

BIRTHDATE:
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

FATHER: WARREN A FADER
MOTHER: EOVTHE

MARITAL STATUS: MARRIED
SPOUSE: GENE OWEN HIGGINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE, ZIP: MOUNT VERNON, WA
DISPOSITION DATE: JUNE 12, 2012

OCCUPATION: HOUSEWIFE
INDUSTRY: OWN HOME
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURO

INFORMANT: GENE O. HIGGINS
RELATIONSHIP: HUSBAND
ADDRESS: 109 DIGBY ROAD MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A. PROBABLE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION, HYPERLIPIDEMIA

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

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

ME/CORONER: DANIEL F. DEMPSEY, RN
TITLE: CORONER
ME/CORONER
ADDRESS: 700 S. 2ND STREET, ROOM 100
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JUNE 11, 2012

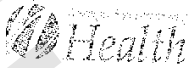
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 093-12
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JUNE 11, 2012

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



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-1300

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

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record, 2. Date of Event, 3. Place of Event: (City or County)

4. Father's Full Name (For Birth; (Hubert) for Marriage or Dissolution), 5. Mother's Full Name (For Birth; (Wife) for Marriage or Dissolution)

The Record is incorrect or incomplete as follows:

6. The Record now shows: 7. The True fact is: 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: 16. Date: 17. Address:

All vital records are registered as received.

All changes must be established by documentary proof submitted with the affidavit

- Examples of documentary proof: Certificate of Naturalization, Medical Record, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), Hospital Records, Military Record (DD-214), Insurance Records, Birth Record, Marriage/Divorce Records, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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 16th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CNS 021)

Death Certificates:

- 1. Only the informant, the funeral director, or executor/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/CNS 023a 2/14/11

CERTIFIED

JUN 20 2012

Handwritten signature

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

VV00361110