



202201050045

01/05/2022 10:49 AM Pages: 1 of 3 Fees: \$41.00  
Skagit County Auditor

Cassie R. Alumbaugh  
35936 OHara Rd  
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2022-49  
JAN 05 2022

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

Document Title:

Death Certificate

Reference Number:

20210080168

Grantor(s):

additional grantor names on page \_\_\_

1. Rosella T. Lee

2.

Grantee(s):

additional grantee names on page \_\_\_

1. Cassie R. Alumbaugh

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

That ptn SE NE 13.35.6

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P41124

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-061711

DATE ISSUED: 12/06/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): ROSELLA TATUM  
LAST NAME(S): LEECOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 28, 2021  
HOUR OF DEATH: 12:25 PM  
SEX: FEMALE AGE: 54 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: CARLSBAD, NMMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HORSE TRAINER  
INDUSTRY: LIVESTOCK  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: CASSIE ALUMBAUGH  
RELATIONSHIP: DAUGHTER  
ADDRESS: 35936 OHARA RD SEDRO WOOLLEY, WA 98284

## CAUSE OF DEATH:

- A: ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, METASTATIC CANCER, HYPERCALCEMIA, MULTIPLE MYELOMA  
INTERVAL: UNKNOWN
- B: DYSLIPIDEMIA, FORMER SMOKER  
INTERVAL: UNKNOWN
- C: MYELOSUPPRESSION AFTER CHEMOTHERAPY  
INTERVAL: UNKNOWN
- D: HISTORY OF HODGKIN'S LYMPHOMA  
INTERVAL: UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNKNOWN

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 35936 OHARA RD  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 35936 OHARA RD  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-8414  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEARFATHER: RAYMOND LEE HEBERLING  
MOTHER: SUSAN JHEAN [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUMCITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: DECEMBER 05, 2021

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: JAKE WAGGONERMANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEARCERTIFIER NAME: INDEEP BAL, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1990 HOSPITAL DR  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284  
DATE SIGNED: DECEMBER 03, 2021CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: INDEEP BAL, PHYSICIANLOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: DECEMBER 03, 2021



Affidavit for Correction

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

Washington State Department of Health Statistics
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, Relationship to Person on Record.

7. Return Mailing Address: PO Box or Street Address, Telephone Number, Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The record currently shows: The true fact is: 8., 9., 10., 11., 12., 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14a. Signature, 14b. Signature of 2nd parent (if required), Printed name, Date

INSTRUCTIONS - go to www.doh.wa.gov for more information. Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Copy of Passport / Enhanced ID, Green/Permanent Resident card (I-551). You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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). 3. Proof documentation must be five or more years old or established within five years of birth. 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159). Child under 18: If legal guardian(s), include certified court order proving guardianship. 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 proof documentation are required. If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates: 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation. 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.



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

\*CERTIFIED\*

DEC 06 2021

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



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