

WHEN RECORDED RETURN TO:

**Old Republic Title, LTD
19020 33rd Avenue West, Suite 360
Lynnwood, WA 98036**

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/15/2022

206187-LT

**DOCUMENT TITLE(S):
DEATH CERTIFICATE**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
STATE OF WASHINGTON**

**GRANTEE:
JAMES C. RUTHERFORD, DECEASED**

**ABBREVIATED LEGAL DESCRIPTION:
Lot 41, Montreaux, Ph. 1, PUD**

**TAX PARCEL NUMBER(S):
4935-000-041-0000/P126434**

STATE OF WASHINGTON
 DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-065573

DATE ISSUED: 12/29/2021
FEE NUMBER: 18122921FIRST AND MIDDLE NAME(S): JAMES CHRISTOPHER
LAST NAME(S): RUTHERFORDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 05, 2021
HOUR OF DEATH: 09:20 PM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER:PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 515 BRITTANY ST.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARSBIRTH DATE:
BIRTHPLACE: LITTLETON, COFATHER: GLENN RUTHERFORD
MOTHER: ELIZABETHMARITAL STATUS: MARRIED
SURVIVING SPOUSE: BARBARA ELIZABETH WALKERMETHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: HEFLEBOWER FUNERAL AND CREMATION SERVICES
CITY, STATE: HIGHLANDS RANCH, COLORADO
DISPOSITION DATE: DECEMBER 29, 2021OCCUPATION: LEAVE ADMINISTRATOR
INDUSTRY: COMMUNITY TRANSIT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: LEWIS FUNERAL CHAPEL

INFORMANT: BARBARA E RUTHERFORD
RELATIONSHIP: WIFE
ADDRESS: 515 BRITTANY ST. MOUNT VERNON, WA 98274ADDRESS: 5303 KITSAP WAY
CITY, STATE, ZIP: BREMERTON, WASHINGTON 98312
FUNERAL DIRECTOR: GLEN C. HENRICKSONCAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: 40 DAYS
B: COVID PNEUMONIA
INTERVAL: 50 DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: DECEMBER 09, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: DECEMBER 23, 2021



Affidavit for Correction

07/15/2022 03:29 PM Page 3 of 6
Center for 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

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

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing 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: _____ 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

- 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.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

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.

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



CERTIFIED
KITSAP PUBLIC HEALTH DISTRICT
345 6TH ST. STE. 300, BREMERTON, WA 98337

Gib Morrow
Gib Morrow, MD, MPH
Health District Officer



0 5 1 6 8 6 9 0

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

Return Address:
Old Republic Title, LTD
19020 33rd Avenue West, Suite 360
Lynnwood, WA 98036
206187-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbara J. Rutherford being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is
(wife) WIDOW of JAMES Christopher Rutherford
Relationship to decedent *Decedent/Grantor*

who died on 12/5/21 at
Date
Mt Vernon, Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 41, Montreaux, Ph. 1, PUD

Assessor's Property Tax Parcel/Account Number: 4935-000-041-0000/P126434
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Barbara Elizabeth Rutherford (wife/widow)
Full name, age, relationship, address

515 Brittany St
Mt Vernon, WA 98274
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 6-24-22

Barbara E. Rutherford
Affiant's full name

300 895-8150942
Telephone number

515 Brittany St
ME VERNON WA 98274
City State Zip Code

[Signature] 6-24-22
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 24th day of June, 2022 by
Barbara E. Rutherford

[Signature]
Signature

Notary Public
Title

My appointment expires: 07/09, 2023

