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08/12/2022 12:59 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Return Address:

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Arena Thompson
DATE 8.12.22

Document Title:

Death Certificate

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____

- 1) Sylvia Ann Lariviere
- 2) _____

Grantee(s):

additional grantor names on page ____

- 1) _____
- 2) _____

Abbreviated Legal Description:

full legal on page(s) ____

space 88 Valley View mobile Park

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P120469

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-035818

LOCAL FILE NUMBER: 251

DATE ISSUED: 08/19/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SYLVIA ANN

LAST NAME(S): LARIVIERE

COUNTY OF DEATH: OKANOGAN

DATE OF DEATH: AUGUST 13, 2019

HOUR OF DEATH: 01:40 AM

SEX: FEMALE

AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: TACOMA, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: NANCY ANN AADLAND

RELATIONSHIP: DAUGHTER

ADDRESS: P.O. BOX 68 WINTHROP, WA 98862

CAUSE OF DEATH:

A: METASTATIC LUNG CANCER

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

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: HOME

FACILITY OR ADDRESS: 224 WARING STREET

CITY, STATE, ZIP: WINTHROP, WASHINGTON 98862

RESIDENCE STREET: 224 WARING STREET

CITY, STATE, ZIP: WINTHROP, WA 98862

INSIDE CITY LIMITS: YES

COUNTY: OKANOGAN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: KARL DEWEY POINDEXTER

MOTHER/PARENT: ISABELLE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: OKANOGAN COUNTY CREMATORY

CITY, STATE: OKANOGAN, WASHINGTON

DISPOSITION DATE: AUGUST 15, 2019

FUNERAL FACILITY: PRECHT-HARRISON-NEARENTS CHAPEL

ADDRESS: 2547 ELMWAY / P.O. BOX 1610

CITY, STATE, ZIP: OKANOGAN, WASHINGTON 98840

FUNERAL DIRECTOR: MICHAEL A. NEARENTS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JENNIFER THILL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 800 S JASMINE SUITE #2

CITY, STATE, ZIP: OMAK, WA 98841

DATE SIGNED: AUGUST 14, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KEILA GONZALEZ

DATE RECEIVED: AUGUST 14, 2019



Affidavit for Correction

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Meritage 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: First, Middle, Last 2. Date of Event: 3. Place of Event: City, State, County
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: P.O. Box or Street Address, City, State, Zip

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 now shows: The true fact is:
8. 9.
10. 11.
12. 13.
14. 15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

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
 - Documentary proof must be five or more years old or established within five years of birth
Child under 18
 - If legal guardian(s), include certified court order proving guardianship
 - Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
 - After age one, 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 documentary proof is required.
 - To correct the sex of the child, one documentary proof 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 documentary proof are required
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
 - To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use 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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



CERTIFIED
OKANOGAN COUNTY PUBLIC HEALTH

AUG 19 2019

John McCarthy M.D.



0 3 2 6 0 7 0 0

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