



202210210008

10/21/2022 09:13 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Return Address:

Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 4289
OCT 21 2022

Document Title:

Death Certificate

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By *LT* Deputy

Reference Numbers (if applicable): Revokable Transfer on Death Deed
Auditor's File No. 202204130076 recorded on 04/13/2022

Grantor(s): additional Grantor names on page ____

- 1. VALERIE A. BARKER, (Deceased)

Grantee(s): additional Grantee names on page ____

- 1. SUSAN K. CURRAN, a single woman

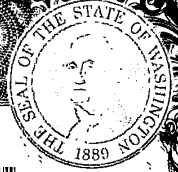
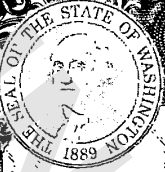
Abbreviated Legal Description: full legal on page 2

LOT 13, BLK 0, CAPE HORN ON THE SKAGIT DIV. 2, VOL 9, P 14

Assessor Parcel/Tax ID Number: additional parcel numbers on page ____

P63454/3869-015-013-0007

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-050685

DATE ISSUED: 10/05/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): VALERIE ANN
LAST NAME(S): BARKERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 03, 2022
HOUR OF DEATH: 05:55 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: SANDRA G PROTERO
RELATIONSHIP: DAUGHTER
ADDRESS: 13536 RIVERS COURT MOUNT VERNON, WA 98273CAUSE OF DEATH:
A: NON-SMALL CELL LUNG CANCER
INTERVAL: ONE YEAR
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASEDATE 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: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 7919 FIR STREET
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARSFATHER: DANIEL J BROOKS
MOTHER: VIOLET [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 10, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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 RESPONSECERTIFIER NAME: EDUARDO GOO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: OCTOBER 04, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: OCTOBER 05, 2022



Affidavit for Correction

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	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			
	7. Return Mailing Address: PO 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 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: Printed name: _____ Date: _____	14b. Signature of 2 nd 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). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
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.
- Up to age one or up to one year following the filing of an Acknowledgement 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

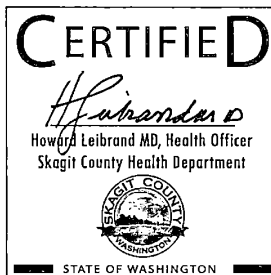
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



0 6 2 5 8 4 5 0