



202302090029

02/09/2023 10:23 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 5436
FEB 09 2023

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

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

1. MARIANNE E FORTMANN

2.

additional grantor names on page ___.

Grantee(s):

1. STATE OF WASHINGTON

2.

additional grantee names on page ___.

Abbreviated legal description:

ANACORTES, LOT 4 OF SURVEY RECORDED UNDER AF# 200010200150, BEING A PORTION OF BLOCK 228.

full legal on page(s) ___.

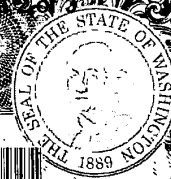
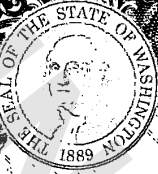
Assessor Parcel / Tax ID Number:

P117452

additional tax parcel number(s) on page ___.

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-060972

DATE ISSUED: 12/02/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **MARIANNE E**
LAST NAME(S): **FORTMANN**

AKA: **MARIANNE EMMA URSULA FORTMANN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 28, 2022**
HOUR OF DEATH: **04:05 AM**
SEX: **FEMALE** AGE: **97 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE: [REDACTED]
BIRTHPLACE: **MECKLENBURG GERMANY**

MARITAL STATUS: **WIDOWED**
SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **HOMEMAKER**
INDUSTRY: **OWN HOME**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **GERTRUD HIPPI**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **2320 22ND ST. ANACORTES, WA 98221**

CAUSE OF DEATH:
A: **PNEUMONIA**
INTERVAL: **7 DAYS**
B: **DEMENCIA**
INTERVAL: **1 YEAR**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **HOSPITAL**
FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98274**

RESIDENCE STREET: **2320 22ND ST**
CITY, STATE, ZIP: **ANACORTES, WA 98221**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **11 YEARS**

FATHER: **WILLY HUTH**
MOTHER: **HEDWIG** [REDACTED]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **DECEMBER 02, 2022**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**

ADDRESS: **1105 32ND STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
FUNERAL DIRECTOR: **CRAIG A. NELSON**

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 RESPONSE**

CERTIFIER NAME: **NAVDEEP DHALIWAL, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1415 E. KINCAID STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **DECEMBER 01, 2022**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NAVDEEP DHALIWAL, PHYSICIAN**

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **DECEMBER 01, 2022**



Affidavit for Correction

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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: MM/DD/YYYY
3. Place of Event: (City or 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: 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: 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.

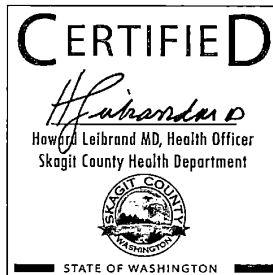
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, one proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider 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.



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