



202305230036

05/23/2023 02:34 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2023 6449
MAY 11 2023
Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s): additional grantor names on page ___

1. STATE OF WASHINGTON
- 2.

Grantee(s): additional grantee names on page ___

1. JOYCE ANN BAKER
- 2.

Abbreviated legal description: full legal on page(s) ___

POTLATCH BEACH 1/75 INT IN 2ND CL TL ADJ TO 19 TO 56 & LT 36

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P68060

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-010820

DATE ISSUED: 03/23/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOYCE ANN
LAST NAME(S): BAKER

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: MARCH 08, 2020

FACILITY OR ADDRESS: ISLAND HOSPITAL

HOUR OF DEATH: 03:28 PM

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SEX: FEMALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 5276 WEST SHORE ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]

FATHER: DONALD NANCE

BIRTHPLACE: THREE SISTERS SPRINGS, AR

MOTHER: [REDACTED]

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: CREMATION

SURVIVING SPOUSE: DIX W BAKER

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: RETAIL BUSINESS MANAGEMENT

INDUSTRY: PAINT AND AUTO BODY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MARCH 11, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

INFORMANT: WILLIAM 'KEITH' MALOY

RELATIONSHIP: SON

ADDRESS: 5276 WEST SHORE RD, ANACORTES, WA 98221

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:

A: MYOCARDIAL INFARCTION

INTERVAL: 20 MINUTES

B: ATRIAL FIBRILLATION OFF ANTICOAGULATION

INTERVAL: 3 DAYS

C: ACUTE HEPATITIS

INTERVAL: 3 DAYS

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 RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: LINDSAY A. NEWLON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: MARCH 09, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: LINDSAY NEWLON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MARCH 11, 2020



Affidavit for Correction

05/23/2023 02:34 PM Page 2 of 3
Maine Head of 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 | 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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 forgoing is true and correct

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

MAR 23 2020

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



0 3 8 0 3 0 1 0

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