




202306070058

06/07/2023 02:48 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6797
JUN 06 2023

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By  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. CHARLES H. ROGERS

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

SW1/4 SE1/4 SE1/4, SECTION 14, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P24769

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death			State File Number	
62-08						
1. Legal Name (Include AKA's, any)		2. Death Date				
CHARLES HENRY ROGERS		Jan. 23, 2008				
3. Sex (M/F)		4a. Age - Last Birthday		6. County of Death		
Male		58 Years		Skagit		
7. Birthdate		8a. Birthplace (City, Town, or County)		9. Decedent's Education		
		Bamberg		Associate's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?		
No		White		No		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)		13b. City or Town		13g. Inside City Limits?		
22753 Knapp Road		Mount Vernon		Yes No Unk		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13f. Zip Code + 4		
Skagit				98273		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)		
234 Years		Married		Christine Marion Davis		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)		18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)		
Realtor - Associate Broker		Real Estate Company		Herbert Roy Rogers		
20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name		22. Relationship to Decedent		
Mary		Christine M. Rogers		Wife		
23. Mailing Address: Number and Street or RFD No.		24. Place of Death: If Death Occurred in a Hospital:		25. Facility Name (If not a facility, give number & street or location)		
22753 Knapp Rd.		Decedent's Residence		22753 Knapp Road		
26a. City, Town, or Location of Death		26b. State		27. Zip Code		
Mount Vernon		WA		98273		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematorium, other place)		30. Location-City/Town, and State		
Cremation		Solie Crematorium		Everett, Washington		
31. Name and Complete Address of Funeral Facility		32. Date of Disposition		33. Funeral Director Signature		
Affordable Burial & Cremation Services, LLC, 17910 SR 536 Mount Vernon, WA 98273		January 25, 2008		[Signature]		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
a. ACUTE MYOCARDIAL INFARCTION						
Due to (or as a consequence of):						
b. CORONARY ARTERY THROMBOSIS						
Due to (or as a consequence of):						
c. CORONARY ARTERY ATHEROSCLEROSIS						
Due to (or as a consequence of):						
d.						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						
36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
38. Manner of Death						
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending						
39. If female						
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
41. Date of Injury (mm/dd/yyyy)						
42. Hour of Injury (24hrs)						
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)						
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
45. Location of Injury: Number & Street						
City or Town						
County						
State						
Zip Code + 4						
46. Describe how injury occurred						
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
48a. Certifying Physician (Type or Print)						
48b. Medical Examiner/Coroner (Type or Print)						
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						
Robert Clark P. O. Box 1306 Mount Vernon, WA 98273						
50. Hour of Death (24hrs)						
-0435 Hours						
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						
52. Date Signed (mm/dd/yyyy)						
01/24/2008						
53. Title of Certifier						
Deputy Coroner						
54. License Number						
55. ME/Coroner File Number						
Case #022-08						
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
57. Registrar Signature						
58. Date Received (mm/dd/yyyy)						
JAN 25 2008						
59. Amendments						



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (6/99)



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Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 25 2008

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

PP00198378