

**When recorded return to:**  
Scott P. Simpson  
2819 S Barker Rd  
Greenacres, WA 99016

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 07/06/2023

Filed for record at the request of:



**CHICAGO TITLE**  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620054426 **CHICAGO TITLE**

**DOCUMENT TITLE(S)**

*6200544 26*

Certificate of Death

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

Washington, State of

Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

Mary Catherine Alger

Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

**Unit 209, Building 1, THE RIDGE AT MADDOX CREEK, A CONDOMINIUM,  
PHASE 1**

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

**P120839**

Additional Tax Accounts are on page \_\_\_\_\_ of document

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-002302

LOCAL FILE NUMBER: 0222

DATE ISSUED: 04/19/2023

FEE NUMBER: 160754991

FIRST AND MIDDLE NAME(S): MARY CATHERINE  
LAST NAME(S): ALGER

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: JANUARY 20, 2016  
HOUR OF DEATH: 06:20 AM  
SEX: FEMALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BOISE, ID

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TECHNICIAN  
INDUSTRY: KIDNEY DIALYSIS  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

INFORMANT: MARGARET HEPNER  
RELATIONSHIP: SISTER  
ADDRESS: 1725 HICKORY STREET SANDPOINT ID 83864

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: MONTHS  
B: HYPERTENSION  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COED.

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: BROOKDALE PARK PLACE RETIREMENT COM  
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99212

RESIDENCE STREET: 511 S PARK RD APT 320  
CITY, STATE, ZIP: SPOKANE VALLEY, WA 99212  
INSIDE CITY LIMITS: YES COUNTY: SPOKANE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: LOREN NEIL CHENEY  
MOTHER: HELEN [REDACTED]

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

CITY, STATE: SPOKANE, WASHINGTON  
DISPOSITION DATE: JANUARY 21, 2016

FUNERAL FACILITY: COMMUNITY CREMATION AND FUNERAL

ADDRESS: 13127 E SPRAGUE AVE  
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216  
FUNERAL DIRECTOR: CRYSTAL L WEAVER

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: NOT APPLICABLE

CERTIFIER NAME: SANJIT K. DUTTA, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 910 W. 5TH AVENUE, #701  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204  
DATE SIGNED: JANUARY 20, 2016

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AJA RICHARDSON  
DATE RECEIVED: JANUARY 21, 2016



# Affidavit for Correction

Mail to: Center for Health 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: 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)  
First Middle Last/Maiden      First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
Person on Record:  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 foregoing is true and correct.**

14a. Signature:      14b. Signature of 2<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 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.
- 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.

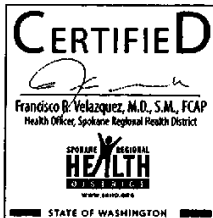
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

- 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.
- 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 proof documentation.
- 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 is present.