

Document Title:
Washington State Death Certificate

Reference Number :

Grantor(s): additional grantor names on page ____
1. WA stock of
2.

Grantee(s): additional grantee names on page ____
1. Chester, Judy Irene
2.

Abbreviated legal description: full legal on page(s) ____
Lot 2 Town of Lyman Short Plat
NW NE 17/35/06

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____
P118527

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2023/217
JUL 11 2023
Amount Paid \$
By *[Signature]* Skagit Co. Treasurer Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-031088

DATE ISSUED: 06/28/2023
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): JUDY IRENE
LAST NAME(S): CHESTERCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: JUNE 23, 2023
HOUR OF DEATH: 09:11 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: 482-58-1416HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: DECEMBER 04, 1942
BIRTHPLACE: GREENFIELD, IAMARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: CERTIFIED NURSING ASSISTANT
INDUSTRY: NURSING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: JEFFREY CHESTER
RELATIONSHIP: SON
ADDRESS: 8060 PIPELINE ROAD, SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:
A: SEPTIC SHOCK
INTERVAL: DAYS
B: URINARY TRACT INFECTION
INTERVAL: DAYS
C: CHRONIC KIDNEY DISEASE STAGE 3
INTERVAL: MONTHS-YEARS
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE METABOLIC
ENCEPHALOPATHY, RIGHT FEMORAL NECK FRACTURE STATUS POST
HEMIARTHROPLASTY, TYPE 2 DIABETES MELLITUS WITH LONG-TERM CURRENT
USE OF INSULIN, HYPERTENSIONDATE OF INJURY: JUNE 15, 2023
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOMELOCATION OF INJURY: 8060 PIPELINE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL DURING
SYNCOPE EPISODE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 8060 PIPELINE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARSFATHER: OSCAR SCHULTZ
MOTHER: RUTH HILLMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUMCITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: JUNE 27, 2023

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: ANNA B. JORDANMANNER OF DEATH: ACCIDENT
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 RESPONSECERTIFIER NAME: ALLISON HUNT, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1500 NORTH STATE STREET #200
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: JUNE 27, 2023CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 230623-492
ATTENDING PHYSICIAN: DAVID APPLEBURY, DOLOCAL DEPUTY REGISTRAR: LORRI VINING
DATE RECEIVED: JUNE 27, 2023



Affidavit for Correction

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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). 6. Name of Person Requesting Correction: Relationship to Person on Record: Self Parent(s) Guardian Funeral Director Informant Other (specify) Hospital.

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 2nd 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 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. *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. 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.

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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer. [Signature]

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



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