

When recorded return to:
Ford Benjamin Lawson
Lawson Family Trust, Dated December 15, 2010
4939 48th St
Sacramento, CA 95820

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/30/2023

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620055373

CHICAGO TITLE
620055373

DOCUMENT TITLE(S)

Death Certificate

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)

Mark Ford Lawson

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

PTN OF LT 6, BLK 5, "BINGHAM ACREAGE, SKAGIT COUNTY, WASHINGTON"

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P62215 / 3864-005-006-0002

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-023371

LOCAL FILE NUMBER: 2246

DATE ISSUED: 06/22/2023

FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): MARK FORD
LAST NAME(S): LAWSON

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: MAY 09, 2023
HOUR OF DEATH: 04:24 AM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAN MATEO, CA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MECHANIC
INDUSTRY: AUTO REPAIR
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: FORD LAWSON
RELATIONSHIP: SON
ADDRESS: 4939 48TH STREET, SACRAMENTO, CA 95820

CAUSE OF DEATH:
A: SEPTIC SHOCK
INTERVAL: HOURS TO DAYS
B: ACUTE PYELONEPHRITIS
INTERVAL: HOURS TO DAYS
C: BLADDER OUTLET OBSTRUCTION
INTERVAL: MONTHS
D: NODULAR HYPERTROPHY OF THE PROSTATE
INTERVAL: MONTHS TO YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: MINOR BLUNT INJURIES OF THE TORSO

DATE OF INJURY: MAY 08, 2023
HOUR OF INJURY: 02:32 PM
INJURY AT WORK: NO
PLACE OF INJURY: ROADWAY

LOCATION OF INJURY: WEST WHITMARSH ROAD AND BOUSLOG ROAD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY:

DESCRIBE HOW INJURY OCCURRED: RESTRAINED DRIVER OF VEHICLE THAT LEFT THE ROADWAY AND STRUCK A TREE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 13138 BUCHANAN LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: ALLAN CYRUS LAWSON
MOTHER: MARY LOUISE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: MAY 12, 2023

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
FUNERAL DIRECTOR: ADRIEN H. HUNTER

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOHN M. LACY, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 9509 29TH AVENUE WEST
CITY, STATE, ZIP: EVERETT, WASHINGTON 98204
DATE SIGNED: MAY 12, 2023

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: SCME 230509-315
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: STEPHANIE ANDERSON
DATE RECEIVED: MAY 12, 2023



Affidavit for Correction

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.

DOH 422-034 August 2019

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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: _____	2. Date of Event: _____	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 <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: _____

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: _____	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.

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

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 70.58A RCW

CERTIFIED



Anthony L. Chen
Anthony L. Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

2700694

