



202312150041

12/15/2023 11:56 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When recorded return to:

Chien-Ming Leu
1920 4th Ave, Unit 1001
Seattle, WA 98101

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

DEC 15 2023
2023 9041
Amount Paid \$ 0
Skagit Co. Treasurer
By Bm Deputy

COVER SHEET

Document Title: Death Certificate

Reference Number: 202309290039

Grantor(s): () additional grantor names on page ____

1. State of Washington
2. _____

Grantee(s): () additional grantee names on page ____

1. Sun-Jane Chang
2. _____

Abbreviated legal description: () full legal on page ____

The South 30 feet of Lots 1, 2, and 3, Block 8

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

P 57214

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-059553

DATE ISSUED: 12/07/2023

FEE NUMBER: 120723

FIRST AND MIDDLE NAME(S): SUN-JANE
LAST NAME(S): CHANG

COUNTY OF DEATH: KING
DATE OF DEATH: DECEMBER 02, 2023
HOUR OF DEATH: 02:09 PM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: TAIPEI TAIWAN

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: PROPRIETOR
INDUSTRY: CONVENIENCE STORE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: HUI-MING LEU THOMPSON
RELATIONSHIP: DAUGHTER
ADDRESS: 8610 142ND AVE NE, REDMOND, WA 98052

CAUSE OF DEATH:
A: PANCREATIC CANCER
INTERVAL: 7 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 8610 142ND AVE NE
CITY, STATE, ZIP: REDMOND, WASHINGTON 98052

RESIDENCE STREET: 8610 142ND AVE NE
CITY, STATE, ZIP: REDMOND, WA 98052
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: MING-FANG CHANG
MOTHER: YUE-ING [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FLINTOFT'S ISSAQUAH CREMATORY

CITY, STATE: ISSAQUAH, WASHINGTON
DISPOSITION DATE: DECEMBER 11, 2023

FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY

ADDRESS: 540 E SUNSET WAY
CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98027
FUNERAL DIRECTOR: ALLEN J. FLINTOFT, FUNERAL DIRECTOR

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

CERTIFIER NAME: CHRISTINA BAIK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98198
DATE SIGNED: DECEMBER 04, 2023

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

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN
DATE RECEIVED: DECEMBER 07, 2023



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
-------------------	------------	----------	------	------------------

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:			2. Date of Event:		3. Place of Event:
	First	Middle	Last	MM/DD/YYYY		(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 <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 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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd 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

- 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.
- *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

- 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.

CERTIFIED

Kittitas Co. Public Health

DEC 07 2023

Mark W. Larson M.D.
Dr. Mark W. Larson, M.D.
Health Officer



0 6 1 6 0 3 2 3