

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

411112 061079
4/20/04

10274
LOCAL FILE NUMBER

Washington State Department of
Health
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Glady Middle: Mary Last: Perry			2. SEX (M / F) Female	3. DEATH DATE (Mo, Day, Yr) 10/21/2003		
4. AGE LAST BIRTH-DAY (Yrs) 86	5. UNDER 1 YEAR MOS: _____ DAYS: _____	6. UNDER 1 DAY HOURS: _____ MINS: _____	7. BIRTHDATE (Mo, Day, Yr) 02/08/1917	8. BIRTHPLACE (City, State or Foreign Country) Pine City, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH King
11. CITY, TOWN OR LOCATION OF DEATH Seattle		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE Horizon House		13. SMOKING IN LAST 15 YEARS? (Yes / No) No		
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) James S. Perry	16. SOCIAL SECURITY NO. ██████████-8153	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) _____ College (1-4 or 5+) 4			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Teacher	19. KIND OF BUSINESS OR INDUSTRY Education	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) White			
22. RESIDENCE — NUMBER AND STREET 900 University #9N	23. CITY/TOWN, OR LOCATION Seattle	24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY King	25B. LENGTH OF RES. IN CO. 67 years	26. STATE WA	27. ZIP CODE 98101
28. FATHER'S NAME — FIRST, MIDDLE, LAST Robert K. Charles			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Hattie Vivian Hasard			
30. INFORMANT — NAME James S. Perry		31. MAILING ADDRESS STREET OR RFD NO. 900 University #9N CITY OR TOWN Seattle STATE WA ZIP 98101				
32. BURIAL, CREMATION REMOVAL OF BONES (Specify) Cremation	33. DATE (Mo, Day, Yr) 10/29/2003	34. CEMETERY/CREMATORY — NAME Washelli Crematory		35. LOCATION — CITY/TOWN, STATE Seattle, WA		
36. FUNERAL DIRECTOR SIGNATURE 		37. NAME OF FACILITY Evergreen - Washelli Funeral Home		38. ADDRESS OF FACILITY 11111 Aurora Ave. N. Seattle, WA 98133		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE Eric J.H. Troyer, MD Attending			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 10-23-03		41. HOUR OF DEATH (24 Hrs.) 2100		44. DATE SIGNED (Mo., Day, Yr)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			45. HOUR OF DEATH (24 Hrs.)		46. PRONOUNCED DEAD (Mo., Day, Yr)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Eric J.H. Troyer, MD 1401 Madison St. #100 Seattle, WA 98104			49. ME/CORONER FILE NUMBER None			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Alzheimers DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 1 year		
		B. _____ DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		C. _____ DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		D. _____ DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. intolerance to oral intake, nutritional etiology				52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, MOM., UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs.)	57. HOW INJURY OCCURRED:			
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, BLVD, ETC. (Specify) STREET OR RFD NO., CITY/TOWN, STATE					
61. RECORD AMENDMENT (Registrar use only) ITEM _____ DOCUMENTARY _____ REVIEWED BY _____ DATE _____		62. REGISTER SIGNATURE 		63. DATE RECEIVED (Mo, Day, Yr) 10/23/2003		





Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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: Self Parent Guardian Informant Funeral Director 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:
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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 one year 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:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- 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

Seattle - King County
Department of Public Health

Alonzo L. Plough
Alonzo L. Plough, Ph.D., MPH
Director and Health Officer

SEPT 30 2003

LL00030026



BK- 0505
PG- 9164

EXHIBIT "A"

(160)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows: An undivided 1/1326th interest in and to Lot 160 as designated on TAHOE VILLAGE UNIT No. 1 - 14th AMENDED MAP, recorded September 16, 1996, as Document No. 396458, in Book 996, at Page 2133, Official Records, Douglas County, Nevada, EXCEPTING THEREFROM that certain real property described as follows: Beginning at the Northeast corner of Lot 160; thence South 31°11'12" East, 81.16 feet; thence South 58°48'39" West, 57.52 feet; thence North 31°11'12" West, 83.00 feet; thence along a curve concave to the Northwest with a radius of 180 feet, a central angle of 18°23'51", an arc length of 57.80 feet, the chord of said curve bears North 60°39'00" East, 57.55 feet to the Point of Beginning. Containing 4,633 square feet, more or less, as shown on that Boundary Line Adjustment Map recorded as Document No. 0463765; together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Timeshare Covenants, Conditions and Restrictions for THE RIDGE POINTE recorded November 5, 1997, as Document No. 0425591, and as amended on March 19, 1999 as Document No. 0463766, and subject to said Declaration; with the exclusive right to use said interest, in Lot 160 only, for one Use Period each year in accordance with said Declaration.

A Portion of APN: 1319-30-712-001

