

202211160418

Electronically Recorded

Pierce County, WA ACLARK1
 11/16/2022 2:10 PM

Pages: 4 Fee: \$42.00

RETURN ADDRESS:

Mark B. Anderson
 Anderson Law Firm PLLC
 821 Dock St. Ste 209 PMB 4-12
 Tacoma, Washington 98402

WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

<p>Document Title(s) (or transactions contained therein):</p> <p style="text-align: center;">Death Certificate</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p style="text-align: center;">202107151023</p> <p><input type="checkbox"/> Additional reference #'s on Page _____ of Document</p>
<p>Grantor(s) Exactly as name(s) appear on document</p> <p style="text-align: center;">Eunice J. De Soto</p> <p><input type="checkbox"/> Additional Names on Page _____ of Document</p>
<p>Grantee(s) Exactly as name(s) appear on document</p> <p style="text-align: center;">Rebecca A. Brauhn</p> <p><input type="checkbox"/> Additional Names on Page _____ of Document</p>
<p>Legal Description (Abbreviated: i.e., lot, block, plat or section, township, range)</p> <p style="text-align: center;">Indian Addition, City of Tacoma, Plat Vol. 7 at Pg 30</p> <p><input checked="" type="checkbox"/> Complete Legal Description on following page.</p>
<p>Assessor's Property Tax Parcel/Account Number(s) <input type="checkbox"/> Assessor Tax # not yet assigned</p> <p style="text-align: center;">4715017610; 4715017620; 4715017630; 4715014450; 4715014460; and 4715014470</p>
<p>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.</p>
<p>"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."</p> <p style="text-align: right;">_____ Signature of Requesting Party</p>
<p>Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements</p>

<p>4614616 Electronically Recorded Pierce County, WA 11/16/2022 2:10 PM Pages: 2 Proc. Fee: \$5.00</p>	<p style="text-align: center;">EXTX ACLARK1 Excise Collected: \$0.00 Tech Fee: \$5.00</p>
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PROPERTY DESCRIPTIONS

Parcel Account Nos.:	4715017610	4715017620	4715017630
Land Use Code:	91 undeveloped land	11 household single family	91 undeveloped land
Assessed Value:	\$110,100	\$376,100	\$92,900
Location Code:	005	005	005
Address:	2204 East 35th Street, Tacoma, Washington		
Legal Description:	Lots 1 to 5, inclusive, Block 8558, the Indian Addition to the City of Tacoma, according to the plat thereof recorded in Volume 7 of Plats at Page 30, records of Pierce County, Washington		

Parcel Account Nos.:	4715014460	4715014450
Land Use Code:	91 undeveloped land	11 household single family
Location Code:	005	005
Assessed Value:	\$110,100	\$261,800
Address:	2202 East 32nd Street, Tacoma, Washington	
Legal Description:	Lots 1 to 4, inclusive, Block 8258, the Indian Addition to the City of Tacoma, according to the plat thereof in Volume 7 of Plats at Page 30, records of Pierce County, Washington	

Parcel Account Nos.:	4715014470
Land Use Code:	11 household single family
Location Code:	005
Assessed Value:	\$348,600
Address:	2210 East 32nd Street, Tacoma, Washington
Legal Description:	Lots 5 and 6, Block 8258, the Indian Addition to the City of Tacoma, according to the plat thereof in Volume 7 of Plats at Page 30, records of Pierce County, Washington

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-046142

DATE ISSUED: 09/12/2022
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): EUNICE JESSIE
LAST NAME(S): DE SOTO

COUNTY OF DEATH: PIERCE
DATE OF DEATH: AUGUST 27, 2022
HOUR OF DEATH: 10:55 AM
SEX: FEMALE AGE: 98 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: FRANCISCAN HOSPICE HOUSE BRIDGEPORT
CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466

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

RESIDENCE STREET: 2010 SOUTH UNION AVENUE #426
CITY, STATE, ZIP: TACOMA, WA 98405
INSIDE CITY LIMITS: YES COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

BIRTH DATE: [REDACTED]
BIRTHPLACE: OGILVIE, MN

FATHER: SYBRON SIMON ROBYN
MOTHER: [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

OCCUPATION: EDUCATOR
INDUSTRY: PUBLIC SCHOOLS
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: SEPTEMBER 13, 2022

INFORMANT: REBECCA BRAUHN
RELATIONSHIP: DAUGHTER
ADDRESS: 2419 SOUTH CEDAR STREET, TACOMA, WA 98405

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: PO BOX 99947
CITY, STATE, ZIP: LAKEWOOD, WASHINGTON 98496
FUNERAL DIRECTOR: BOB JOHNSTON

CAUSE OF DEATH:

A: ISCHEMIC CEREBRAL VASCULAR ACCIDENT OF THE RIGHT MIDDLE COMMUNICATING ARTERY

INTERVAL: 8/21/2022

B: ATRIAL FIBRILLATION

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: CARA LUNDIN, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 2901 BRIDGEPORT WAY WEST

CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466

DATE SIGNED: AUGUST 30, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ALYSSA S. MOEUNG

DATE RECEIVED: SEPTEMBER 09, 2022

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 foregoing is true and correct.

14a. Signature: Printed name: Date: 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

- 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.

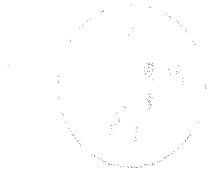
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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 changes color when heat applied.

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

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