

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT UW-140847

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

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[ ] 1. Payment of penalty. I admit that the violations occurred. I have:

[ ] Enclosed \$ \_\_\_\_\_ in payment of the penalty

[ ] Submitted my payment of \$ \_\_\_\_\_ online at [www.utc.wa.gov](http://www.utc.wa.gov). My confirmation number is \_\_\_\_\_.

[ ] 2. Request for a hearing. I believe that one or more of the alleged violations did not occur, for the reasons I describe below, and I request a hearing based on those reasons for a decision by an administrative law judge:

[x] 3. Application for mitigation. I admit the violations, but I believe that the penalty should be reduced for the reasons set out below:

See two attachments

[ ] a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR [x] b) I ask for a Commission decision based solely on the information I provide above.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 6/2/2014 [month/day/year], at Port Townsend, WA [city, state]

Marvin Road Water Company  
Name of Respondent (company) – please print

[Signature]  
Signature of Applicant

RCW 9A.72.020:

“Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor’s mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony.”

Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250

June 2, 2014

RE: Penalty Assessment: UW-140847

Dear Commission,

I respectfully ask that you reconsider the penalty assessed to Marvin Road Water Company (MRWC) for the following reasons:

Steve Swift, then President of the company, received all correspondence for company matters. On January 24, 2014, he was admitted to Swedish Hospital ICU in critical condition. He remained in the ICU until March 6, 2014 when he passed away.

Unfortunately, the packet of information regarding the annual report would have arrived while Steve was in the hospital.

Since Steve's passing the board of director have been trying very hard to fill his shoes. During this time we were given an offer from Thurston County Public Utilities to purchase MRWC. We accepted their offer and signed closing documents on May 30, 2014. We were under the assumption based on comments from the PUD and our attorney that we did not need to do the annual report. We now know this is incorrect. We understand that even though we no longer own MRWC we did own it during the period of time the annual report would cover.

We will complete the 2013 annual report and submit it as soon as it is complete.

Thank you for your consideration.



Elaine Swift Bair  
President  
Swift Asset Management (Previous owner of MRWC)  
email: [marvinrwc@gmail.com](mailto:marvinrwc@gmail.com)  
PO Box 8850  
Lacey, WA 98509-8850

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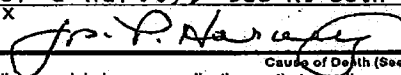
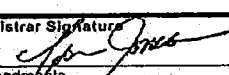
OFFICE OF THE  
COMMISSIONER  
WASHINGTON UTILITIES AND  
TRANSPORTATION COMMISSION

140847

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **2496** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST <b>Steven Dennis Swift</b>				2. Death Date <b>03/06/2014</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>61</b>	4b. Under 1 Year Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>531-54-6544</b>	6. County of Death <b>King</b>
7. Birthdate <b>Nov 3 1952</b>		8a. Birthplace (City, Town, or County) <b>Olympia</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>Master's degree (MEng.)</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>15302 5th Ave. N. E.</b>				13b. City or Town <b>Shoreline</b>	
13c. Residence: County <b>King</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98155</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>38 years</b>		16. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Elizabeth Ann Eldredge</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE). <b>Electrical Engineer</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Electrical Design Engineering</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>John David Swift</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary Kathleen Robbins</b>		
21. Informant's Name <b>Elizabeth Swift</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>15302 5th Ave. N. E., Shoreline, WA 98155</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>University of Washington Medical Center</b>			26a. City, Town, or Location of Death <b>Seattle</b>	26b. State <b>WA</b>	27. Zip Code <b>98195</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Holyrood Cemetery</b>		30. Location-City/Town, and State <b>Shoreline, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Hoffner Fisher &amp; Harvey, 508 N. 36th St., Seattle, WA 98103</b>				32. Date of Disposition <b>Mar 13 2014</b>	
33. Funeral Director Signature X 					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>T-cell Lymphoma</b>				Interval between Onset & Death <b>Weeks</b>	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of injury: Number & Street: Apt. No.					
City or Town:		County:		State: Zip Code + 4:	
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>James Darnton, MD, 1939 NE Pacific St, Seattle, WA 98195</b>				50. Hour of Death (24hrs) <b>1315</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Eván Ya-Wen Yu, MD</b>				52. Date Signed (mm/dd/yyyy) <b>03/07/2014</b>	
53. Title of Certifier <b>MD</b>	54. License Number <b>ML60358691</b>	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature 				58. Date Registered (mm/dd/yyyy) <b>MAR 10 2014</b>	
59. Amendments					