

Return Address:



201606280098

Skagit County Auditor

\$35.00

6/28/2016 Page

1 of

3 2:50PM

Document Title:

Death Certificate

Reference Number (if applicable):

Grantor(s):

additional grantor names on page ____.

1) Wash. State of

2) _____

Grantee(s):

additional grantor names on page ____.

1) Larry Gene Cleveland

2) _____

Abbreviated Legal Description:

full legal on page(s) ____.

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-001264

DATE ISSUED: 01/15/2016

FEE NUMBER: 000002711

GIVEN NAMES: LARRY GENE
LAST NAME: CLEVELAND

COUNTY OF DEATH: PIERCE
DATE OF DEATH: JANUARY 11, 2016
HOUR OF DEATH: 09:48 P.M.
SEX: MALE
AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: TACOMA, PIERCE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: REBECCA JO BOAZ

OCCUPATION: ELECTRICIAN
INDUSTRY: ELECTRICAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: REBECCA B CLEVELAND
RELATIONSHIP: WIFE
ADDRESS: 3621 48TH STREET EAST TACOMA. WA 98443

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3621 48TH ST EAST
CITY, STATE, ZIP: TACOMA, WASHINGTON 98443

RESIDENCE STREET: 3621 48TH ST EAST
CITY, STATE, ZIP: TACOMA, WASHINGTON 98443
INSIDE CITY LIMITS? NO
COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: JAY CLEVELAND
MOTHER/PARENT: DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SUMNER CREMATORY
CITY, STATE: SUMNER, WA
DISPOSITION DATE: JANUARY 14, 2016

FUNERAL FACILITY: CURNOW FUNERAL HOME & CREMATION SERVICE
ADDRESS: 1504 MAIN STREET
CITY, STATE, ZIP: SUMNER WA 98390
FUNERAL DIRECTOR: KARLENE GAUSSOIN

- CAUSE OF DEATH:
- A. HYPOXEMIC RESPIRATORY FAILURE
INTERVAL: MONTHS
 - B. INTERSTITIAL LUNG DISEASE
INTERVAL: YEARS
 - C. _____
INTERVAL: _____
 - D. _____
INTERVAL: _____

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CORONARY ARTERY DISEASE

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANNA L. GOLOB, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1660 S. COLUMBIAN WAY
CITY, STATE, ZIP: SEATTLE WA 98108
DATE SIGNED: JANUARY 14, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
WENDY WHITE
DATE RECEIVED: JANUARY 14, 2016



Affidavit for Correction

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 Identification Number | Fee Number | Initials | Date | Affidavit Number |
|-----------------------------|------------|----------|------|------------------|

Required information must match current information on record

| | | | |
|---|--------------------------------|---|---|
| <input type="checkbox"/> Birth | <input type="checkbox"/> Death | <input type="checkbox"/> Marriage | <input type="checkbox"/> Dissolution (Divorce) |
| 1. Name of Event: | | 2. Date of Event: | 3. Place of Event: |
| 4. Mother/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 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:

Telephone Number: _____ Email Address: _____

8. The record now shows _____

9. The true fact is: _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ Date: _____

16b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth certificate/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

- 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. Documentary proof must be five or more years old or established within five years of birth.

- Child's last name**
- If a legal guardian(s), include certified court order proving guardianship
 - Last name may be changed once to either parent's name on certificate and be any combination of the first, middle or last name(s)*
 - After age one, 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 documentary proof is required.
 - To change the sex of the child, one documentary proof from a medical professional 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 documentary proof are required
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
 - To correct parent's birth date, place of birth, or name, one documentary proof is required
- * If the first or last part of the name of a child coming this birth, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate to support facts.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

- Death Certificates**
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or stepspouse, domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
 2. The medical cause of death may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
1. Persons facts (name, spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
 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

DOH 422-032 January 2015

CERTIFIED

Anthony L. Chen

Anthony L. Chen, MD, MPH
DIRECTOR
184801

Tacoma - Pierce County
Health Department
Healthy People in Healthy Communities
www.piercecountywa.gov

STATE OF WASHINGTON
DO NOT DESTROY

CC00184801