



201607120003

Skagit County Auditor

\$35.00

7/12/2016 Page

1 of

3 9:11AM

Document Title:

Certificate of Death

Reference Number:

Grantor(s):

additional grantor names on page ___

1. STATE OF WASHINGTON

2.

Land Title and Escrow

#155460-

Grantee(s):

additional grantee names on page ___

1. HORACE EDWARD NORTON

2.

OAS

Abbreviated legal description:

full legal on page(s) ___

LOTS 1 & 2 AND PTN LOT 3, BLK 502, NORTHERN PACIFIC
ADD TO ANAC.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

3809-502-003-0009 (P58400)

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-026492

DATE ISSUED: 11/21/2014

FEE NUMBER: 000000029

GIVEN NAMES: HORACE EDWARD
LAST NAME: NORTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 16, 2014
HOUR OF DEATH: 08:30 P.M.
SEX: MALE
AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MASCOT, TENNESSEE

MARITAL STATUS: MARRIED
SPOUSE: MELVA JEAN RICHEY

OCCUPATION: OWNER/OPERATOR
INDUSTRY: RESTAURANT INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: JEAN R. NORTON
RELATIONSHIP: WIFE
ADDRESS: 3001 OAKES AVENUE, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3001 OAKES AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3001 OAKES AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: HORACE NORTON
MOTHER: TRULA G [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BOW CEMETERY
CITY, STATE: BOW, WA
DISPOSITION DATE: NOVEMBER 20, 2014

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
A. PROSTATE CANCER
INTERVAL: FIFTEEN YEARS
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:

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

CERTIFIER NAME: MICHAEL JAMES, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: NOVEMBER 19, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: N/A # 750
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 20, 2014



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
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 forgoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____
(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

Birth Certificates

- Only a parent, 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 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.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- 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 registered 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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 422-034 June 2014

CERTIFIED
 MAY 21 2014
 [Signature]
 Skagit County Health Department
 Howard Lebrand M.D. Health Officer

BB00054003