201705100047

Skagit County Auditor $35.00
5/10/2017 Page 1 of 3 11:59AM

Return Address:

_____

_____

_____

Document Title: Death Cert

Reference Number (if applicable): P# 77321
201704110062

Grantor(s): [__] additional grantor names on page __.

1) Dennis R. Moran
2) Wash State of

Grantee(s): [__] additional grantor names on page __.

1) Linda Moran
2) Dennis R. moran

Abbreviated Legal Description: [__] full legal on page(s) __.

THE WEST 45 FEET OF THE NORTH 70 FEET OF LOT 2, TROWBRIDGE ADD TO SEDRO

Assessor Parcel /Tax ID Number: [__] additional parcel numbers on page __.

P# 77321

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20172004
MAY 10 2017

Amount Paid $ 0
Skagit Co. Treasurer
By HTB Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

364296

CERTIFICATE NUMBER: **2017-020437**

DATE ISSUED: **05/05/2017**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **DENNIS RALPH**
LAST NAME(S): **MORAN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 03, 2017**
HOUR OF DEATH: **09:00 PM**
SEX: **MALE** AGE: **65 YEARS**
SOCIAL SECURITY NUMBER: **537-52-3390**

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

BIRTH DATE: **OCTOBER 29, 1951**
BIRTHPLACE: **MOUNT VERNON, SKAGIT COUNTY, WASHINGTON**

MARITAL STATUS: **MARRIED**
SPOUSE: **LINDA SUSAN WEST**

OCCUPATION: **COOK**
INDUSTRY: **RESTAURANT**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **LINDA SUSAN MORAN**
RELATIONSHIP: **WIFE**
ADDRESS: **206 THOMPSON LANE, SEDRO-WOOLLEY, WA 98284**

CAUSE OF DEATH:
A: **CHOLANGIOCARCINOMA**
INTERVAL: **20 MONTHS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **206 THOMPSON LANE**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **206 THOMPSON LANE**
CITY, STATE, ZIP: **SEDRO-WOOLLEY, WASHINGTON 98284**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **31 YEARS**

FATHER/PARENT: **GEORGE C MORAN**
MOTHER/PARENT: **VIOLET MAE COULTAS**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **MAY 05, 2017**

FUNERAL FACILITY: **LEMLEY CHAPEL**

ADDRESS: **1008 THIRD ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
FUNERAL DIRECTOR: **DOUGLAS E. HUTTER**

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**

CERTIFIER NAME: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **MAY 04, 2017**

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

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **MAY 05, 2017**

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

Washington State Department of Health

This is a legal document. Complete in ink and do not alter.

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **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 Legal 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)
7. Return Mailing Address: P.O. 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	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/Marriage/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 under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- 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 correct the sex of the child, one documentary proof 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 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

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

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 registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor 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.

CERTIFIED

MAY 05 2017

Skagit County Health Department
Howard Leibrand M.D., Health Officer

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

0 1 4 3 9 8 0 5