



**201806080110**

06/08/2018 04:03 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

WHEN RECORDED RETURN TO:

02-166508-OE, 02-166508-OE

**DOCUMENT TITLE(S):**

Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

STATE OF WASHINGTON

**GRANTEE:**

VERNON LEROY GOTT

**ABBREVIATED LEGAL DESCRIPTION:**

Unit 1909, Mariners Landing 1, A Condo.

**TAX PARCEL NUMBER(S):**

4782-000-000-1909/P118538

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-008587

DATE ISSUED: 04/21/2014

FEE NUMBER: 0000000029

GIVEN NAMES: VERNON LEROY  
LAST NAME: GOTT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 13, 2014  
HOUR OF DEATH: 03:22 A.M.  
SEX: MALE  
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: LEBANON, OREGON

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: PROJECT MANAGER  
INDUSTRY: CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: DEBORAH K. GOTT  
RELATIONSHIP: DAUGHTER  
ADDRESS: 6810 SALMON BEACH ROAD, ANACORTES, WA 98221

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 6810 SALMON BEACH ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 6810 SALMON BEACH ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: NORVILLE STANLEY GOTT  
MOTHER: GRACE LEONA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: APRIL 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. WASTING SYNDROME  
INTERVAL: 1 MONTH  
B. BRAIN METASTASES  
INTERVAL: 5 MONTHS  
C. LUNG CANCER  
INTERVAL: 5 MONTHS  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CIRRHOSIS WITH VARICES AND HISTORY OF VARICEAL BLEED

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? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: GEORGE GJERSET, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: APRIL 17, 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: NJA # 241  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: APRIL 18, 2014

DOH 01-003 (1/13)



# Affidavit for Correction 201806080110

Center for Health Statistics  
P.O. Box 47814  
Page 3 of 3  
(360) 236-4300

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

06/08/2018 04:03 PM

## 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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution
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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

**We do not accept as proof:** Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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**
  - Only parent(s) or legal guardian can change the birth certificate.
  - 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's maiden name, father's 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.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or 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.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

### 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 someone other than the informant listed on the certificate. 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.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### 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/CHS 023a January 2013

**\*CERTIFIED\***

APR 21 2014

*Howard Lebrand*  
Skagit County Health Department  
Howard Lebrand M.D., Health Officer

YY00215624