



201806290094

06/29/2018 12:43 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE: State of Washington Death Certificate

REFERENCE NUMBER: 201405220135

GRANTOR: David D. Deyo - Deceased

GRANTEE: Public

LEGAL DESCRIPTION:

Lots 1 and 2 of Section 6 and the West half of Lot 4 of Section 5, all in Twp. 33 North, Range 3, W.W.M., Except roads, ditch and dike rights-of-way.

Situated in Skagit County, Washington.

Tax 5A certain Tract claims, in SW corner of J. Sullivan's claim on E. bank of Sullivan Slough, the same being a granary lot. TWP 34, Range 3, Section 31.

Situated in Skagit County, Washington.

ASSESSOR PARCEL / TAX ID NUMBERS: (P15475) 330306-0-001-0001
(P15476) 330306-0-002-0000
(P15430) 330305-0-008-0005
(P22971) 340331-0-009-0001

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

13

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-017096

DATE ISSUED: 04/16/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID DANA
LAST NAME(S): DEYO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 12, 2018
HOUR OF DEATH: 10:38 AM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 12799 DODGE VALLEY ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 12799 DODGE VALLEY ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: THE DALLES, OR

FATHER/PARENT: DELBERT HENRY DEYO
MOTHER/PARENT: STELLA CLARA [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: PLEASANT RIDGE CEMETERY

OCCUPATION: FARMER & REFINERY OPERATOR
INDUSTRY: FARMING AND OIL REFINERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: LA CONNER, WASHINGTON
DISPOSITION DATE: APRIL 21, 2018

INFORMANT: TIMOTHY J DEYO
RELATIONSHIP: SON
ADDRESS: 11544 DOWNEY ROAD, LA CONNER, WA 98257

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

CAUSE OF DEATH:
A: ASPIRATION PNEUMONITIS
INTERVAL: DAYS
B: VASCULAR DEMENTIA
INTERVAL: YEARS
C: CEREBROVASCULAR DISEASE
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 13, 2018

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 16, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201806290094

06/29/2018 12:43 PM

Center for Health Statistics
Page 3 of 3
Olympia, WA 98504-7814
360-236-4300

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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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

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: _____ Date: _____ Printed name: _____

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/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

- 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.
- 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.
- 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

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

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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 422-034 October 2015

CERTIFIED

APR 16 2018

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



0 1 8 0 3 7 9 7

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