

WHEN RECORDED RETURN TO:



201807120027

07/12/2018 10:34 AM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

Land Title and Escrow

02-167448-OE, 02-167448-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Daniel F. Gallagher

ABBREVIATED LEGAL DESCRIPTION: Unit 205, Residence At Storvik Park Condo

TAX PARCEL NUMBER(S): 4982-000-205-0000 / P128417

STATE OF WASHINGTON DEPARTMENT OF HEALTH

201 34 A Page 2 of 3

Local File Number 360-10		Washington State Certificate of Death		State File Number 2010 55033	
1. Legal Name (Please Abbreviate First Middle Last Suffix) Daniel Francis Gallagher			2. Death Date May 5, 2010		
3. Sex (M/F) M	4a. Age - Last Birthday 89	4b. Under 1 Year Months 0	4c. Under 1 Day Hours 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthplace [REDACTED]	8a. Birthplace (City, Town, or County) Crosby	8b. (State or Foreign Country) North Dakota	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 424 SE 8th St.) (Include Apt. No.) 1105-27th Street			13b. City or Town Anacortes		
13c. Residence County Skagit			13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code - 4 98221
14. Estimated length of time at residence 9 Months		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to last marriage) Magnhild (nmi) Heide	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use "retired") Claims Manager			18. Kind of Business/Industry (Do not use Company Name) Insurance Industry		
19. Father's Name (First, Middle, Last, Suffix) William Blaise Gallagher			20. Mother's Name Before First Marriage (First, Middle, Last) Helen (nmi) [REDACTED]		
21. Informant's Name Mary Lou Childs		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip 5401 Doon Way Anacortes, WA 98221	
24. Place of Death: If Death Occurred in a Hospital					
25. Facility Name (If not a facility, give number & street or location) Fidalgo Care Center					
26a. City, Town, or Location of Death Anacortes, WA					
26b. State WA					
27. Zip Code 98221					
28. Method of Disposition Removal from state					
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Calvary Cemetery					
30. Location-City/Town, and State Eugene, Oregon					
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105-32nd St Anacortes, WA 98221					
32. Date of Disposition May 10, 2010					
33. Funeral Director Signature <i>Joseph J. Williams</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Dementia Due to (or as a consequence of): b. Atherosclerosis Due to (or as a consequence of): c. Due to (or as a consequence of): d.					
Interval between Onset & Death 10 yrs. 2 yrs.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above HTN					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Did tobacco use contribute to death? <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> No <input type="checkbox"/> Unknown					
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24 hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street City or Town Country State Zip Code - 4					
46. Describe how injury occurred					
47. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and (1) to (in cause(s) and manner stated			48b. Medical Examiner/Coroner On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated		
49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print) Bryan H. Murray, MD 2511 M Avenue, Suite C, Anacortes, WA 98221			50. Hour of Death (24 hrs) 1235		
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) May 5, 2010		
53. Title of Certifier MD		54. License Number MD00043410		55. ME/Coroner File Number NJA # 210	
56. Registrar Signature <i>Cornie Anderson, Deputy</i>		57. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
58. Date Received (mm/dd/yyyy) MAY - 5 2010		59. Amendments			

DOH-CHS 003 Rev 07/08/07

DOH 402-131 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201807120027

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98512-47814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <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: P.O. Box or Street Address City State Zip				
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Telephone Number: ()	Email Address:
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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 2 nd 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

- 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Christie Spice

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

ISSUED

JUL 09 2018



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