

WHEN RECORDED RETURN TO:



201807170120

07/17/2018 03:30 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

Land Title and Escrow

02-168037-OE, 02-168037-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JOHN ENOCH MOORE

ABBREVIATED LEGAL DESCRIPTION:

Slip E-15, Anacortes Marina Condo Phase 1

TAX PARCEL NUMBER(S):

4436-005-015-0008, P82244

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-012907

LOCAL FILE NUMBER: 035

DATE ISSUED: 06/26/2014

FEE NUMBER: 0626201428

GIVEN NAMES: JOHN ENOCH
LAST NAME: MOORE

COUNTY OF DEATH: SAN JUAN
DATE OF DEATH: JUNE 08, 2014
HOUR OF DEATH: 07:25 P.M.
SEX: MALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: KONAWAH, OKLAHOMA

MARITAL STATUS: MARRIED
SPOUSE: JOY HARRIET DEKORNE

OCCUPATION: MANAGER
INDUSTRY: STEEL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: JOY H MOORE
RELATIONSHIP: SPOUSE
ADDRESS: 685 SPRING STREET, PMB 188, FRIDAY HARBOR, WA 98250

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF THE SAN JUANS
CITY, STATE, ZIP: FRIDAY HARBOR, WASHINGTON 98250

RESIDENCE STREET: 575 HARRISON ST
CITY, STATE, ZIP: FRIDAY HARBOR, WASHINGTON 982508016
INSIDE CITY LIMITS? YES
COUNTY: SAN JUAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: JOHN E MOORE
MOTHER: [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GREEN ACRES MEMORIAL PARK
CITY, STATE: BLOOMINGTON, CA
DISPOSITION DATE: JUNE 13, 2014

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JAMES C. HADDON

- CAUSE OF DEATH:
- A. RESPIRATORY ARREST
INTERVAL: 3 MINUTES
 - B. PLEURAL EFFUSIONS
INTERVAL: 3 WEEKS
 - C. METASTATIC PROSTATE CANCER
INTERVAL: 3 YEARS
 - 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 D. WINGREN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1117 SPRING STREET
CITY, STATE, ZIP: FRIDAY HARBOR WA 98250
DATE SIGNED: JUNE 09, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: ME/CORONER FILE

NUMBER(S): 2014063094
DATE(S): 06/11/2014



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 14SJ0035
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
WAYNE TOTTEN
DATE RECEIVED: JUNE 10, 2014

DOH 01-003 (1/13)



Affidavit for Correction 201807170120

Center for Health Statistics
P.O. Box 47814
3101 1st Ave, Seattle, WA 98104-7814
(360) 236-4300

This is a legal document. Complete in ink and do not alter. 07/17/2018 03:30 PM Page 3 of 3

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

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**
 - 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/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.
- 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, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. **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 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.

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 August 2013

**SAN JUAN COUNTY HEALTH & COMMUNITY SERVICES
FRANK JAMES, M.D. HEALTH OFFICER**

Frank James MD
DATE ISSUED: 06-26-2014

ZZ00283588