



201808140117

08/14/2018 03:51 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

After recording return document to:

Adaptive Law Firm PS
107 State Street
Sedro Woolley, WA 98284

DOCUMENT TITLE: Certified Death Certificate

REFERENCE NUMBER OF RELATED DOCUMENT: N/A

GRANTOR(S): State of Washington

ADDITIONAL GRANTORS ON PAGE N/A OF DOCUMENT.

GRANTEE(S): Thomas Gerard Morris

ADDITIONAL GRANTEE ON PAGE OF DOCUMENT.

ABBREVIATED LEGAL DESCRIPTION: Ptn. of NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Sec. 14,
Twp. 34 N, R 4 E.W.M.

ADDITIONAL LEGAL DESCRIPTION ON PAGE(S) OF DOCUMENT. N/A

ASSESSOR'S TAX/PARCEL NUMBER(S): P24713 & P24767

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-015821

DATE ISSUED: 07/09/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS GERARD
LAST NAME(S): MORRIS

COUNTY OF DEATH: KING
DATE OF DEATH: APRIL 05, 2018
HOUR OF DEATH: 10:45 AM
SEX: MALE AGE: 60 YEARS
SOCIAL SECURITY NUMBER [REDACTED]

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

BIRTH DATE [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SPOUSE: DEBRA LYNN CARGILE

OCCUPATION: WELDER
INDUSTRY: OIL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: DEBRA LYNN MORRIS
RELATIONSHIP: WIFE
ADDRESS: 14754 BAKER HEIGHTS ROAD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: ANOXIC BRAIN INJURY WITH WITHDRAWAL OF SUPPORT
INTERVAL: 15D
B: ABDOMINAL COMPARTMENT SYNDROME
INTERVAL: 15D
C: SMALL BOWEL PERFORATION
INTERVAL: 15D
D: SMALL BOWEL OBSTRUCTION
INTERVAL: 9 MONTHS?

OTHER CONDITIONS CONTRIBUTING TO DEATH: POST SLEEVE GASTRECTOMY
WITH UNRELATED SMALL BOWEL ADHESIONS CAUSING POST OPERATIVE
OBSTRUCTION.

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: EVERGREEN HOSPITAL MEDICAL CENTER
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 14754 BAKER HEIGHTS ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER/PARENT: THOMAS LEE MORRIS
MOTHER/PARENT: NOVELLO MARTHA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: APRIL 09, 2018

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: UNKNOWN
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: JED KAUFMAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 19930 BALLINGER WAY NE
CITY, STATE, ZIP: SHORELINE, WA 98155
DATE SIGNED: APRIL 06, 2018

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

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN
DATE RECEIVED: APRIL 09, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201808140117

08/14/2018 03:51 PM

Mail to: Center for Health Statistics

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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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <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:

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 correct16a. 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.

DOH 422-034 October 2015

CERTIFIED

JUL 09 2018

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

0 1 8 0 6 6 5 3

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