



201808310013

08/31/2018 09:14 AM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-168608-OE, 02-168608-OE ✓

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JOHN WAYNE DEMCO

ABBREVIATED LEGAL DESCRIPTION:

Unit A-34, Anacortes Marina Condo., Ph. 1.

TAX PARCEL NUMBER(S):

4436-001-034-0004, P82223

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

of 3

CERTIFICATE OF DEATH



DATE ISSUED: 10/19/2017
FEE NUMBER: 72325498

CERTIFICATE NUMBER: 2017-043782

FIRST AND MIDDLE NAME(S): JOHN WAYNE
LAST NAME(S): DEMCO

COUNTY OF DEATH: KING
DATE OF DEATH: OCTOBER 09, 2017
HOUR OF DEATH: 10:00 PM
SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: EDMONTON, AB CANADA

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA CIRTAUT

OCCUPATION: ATTORNEY
INDUSTRY: LAW FIRM
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

INFORMANT: PATRICIA CIRTAUT
RELATIONSHIP: WIFE
ADDRESS: 8450 ISLAND DR. S, SEATTLE, WA 98118

CAUSE OF DEATH:
A: INANITION
INTERVAL: >3 MONTHS
B: ORAL CANCER
INTERVAL: >2 YEARS
C:
INTERVAL:
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 2716 ELLIOTT AVE #800
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98121

RESIDENCE STREET: 8450 ISLAND DR S
CITY, STATE, ZIP: SEATTLE, WA 98118-4732
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: NICHOLAS DEMCO
MOTHER/PARENT: ALICE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: OCTOBER 17, 2017

FUNERAL FACILITY: CASCADE MEMORIAL BELLEVUE

ADDRESS: 13620 NE 20TH STREET
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98005
FUNERAL DIRECTOR: MADISON P. MUSCHAMP

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LAURA E. UHLMANSIEK, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 23745 225TH WAY SE ST #201B
CITY, STATE, ZIP: MAPLE VALLEY, WA 98038
DATE SIGNED: OCTOBER 10, 2017

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: OCTOBER 11, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201808310013

Mail to: Center for Health Statistics
08/31/2018 09:14 AM 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: <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:
First	Middle	Last	Month	Day
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last	First	Last
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

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: 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



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



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