



201810240065

10/24/2018 03:54 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-169061-OE, 02-169061-OE ✓

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JONI SUE WATSON-GRAVES

ABBREVIATED LEGAL DESCRIPTION:

Lot A, Survey 8705070030 (7/56); Lots 1-2; Ptn 3, Blk. 1309, Northern Pacific

TAX PARCEL NUMBER(S):

3809-309-003-0009, P58336

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-024502

DATE ISSUED: 01/03/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JONI SUE
LAST NAME: WATSON-GRAVES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 23, 2013
HOUR OF DEATH: 09:25 A.M.

SEX: FEMALE
AGE: 47 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: RICK HARRISON GRAVES

OCCUPATION: MEDICAL RECEPTIONIST
INDUSTRY: HEALTH CARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: RICK H. GRAVES
RELATIONSHIP: HUSBAND
ADDRESS: 3800 WEST 5TH STREET, ANACORTES, WA 98221

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3800 WEST 5TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: JERALD LLOYD WATSON
MOTHER: LINDA MAE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: DECEMBER 27, 2013

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A. ACUTE RESPIRATORY FAILURE
INTERVAL: 1 WEEK
B. METASTATIC MELANOMA
INTERVAL: 2 MONTHS
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: FA NAME, MO NAME

NUMBER(S): 2014060049
DATE(S): 01/03/2014

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 PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: ALLEN H. HORESH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: DECEMBER 24, 2013

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA # 715
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: DECEMBER 26, 2013



DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



Affidavit for Correction 201810240065

Center for Health Statistics
P.O. Box 47864
Tacoma, WA 98404-7864
(360) 236-4300

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

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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 Telephone Number:
☐ Funeral Director ☐ Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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

CERTIFIED

JAN 06 2014

Howard Leibrand
Skagit County Public Health Department
Howard Leibrand M.L.S. Health Officer

ZZ00026470