



**201904150121**

04/15/2019 03:10 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
PO Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON DEPARTMENT OF HEALTH

GRANTEE: PUBLIC- BETTY MAY GOFF- ESTATE OF

LEGAL DESCRIPTION:

Lot 9, Kingsgate Div. No. 1, according to the plat thereof recorded in  
Volume 10 of plats, page 41, records of Skagit County, Washington.

ASSESSOR PARCEL NO: 4204-000-009-0007 (P78119)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022416

DATE ISSUED: 05/31/2017  
FEE NUMBER:FIRST AND MIDDLE NAME(S): BETTY MAY  
LAST NAME(S): GOFFCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 14, 2017  
HOUR OF DEATH: UNKNOWN UNKNOWN  
SEX: FEMALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 18258 E. CHINOOK DRIVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 18258 E. CHINOOK DRIVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: HAY SPRINGS, NEBRASKAFATHER/PARENT: HENRY JOHNSON  
MOTHER/PARENT: MACEY [REDACTED]MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYOCCUPATION: DRIVER  
INDUSTRY: PACKAGE DELIVERY SERVICE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MAY 19, 2017INFORMANT: BECKY MARSH  
RELATIONSHIP: DAUGHTER  
ADDRESS: 18258 E. CHINOOK DRIVE, BURLINGTON, WA 98233

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAMCAUSE OF DEATH:  
A: UNSPECIFIED NATURAL CAUSES  
INTERVAL: DAYSB:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,  
PAROXYSMAL ATRIAL FIBRILLATIONMANNER 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 RESPONSEDATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:CERTIFIER NAME: CAROLYN COLLINS, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: MAY 17, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: MAY 18, 2017



Affidavit for Correction

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Washington State Department of Health
P.O. Box 47814
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

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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:

8. The record now shows, 9. The true fact is:
10., 11.
12., 13.
14., 15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature, 16b. Signature of 2nd parent (if required)
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).
3. Documentary proof must be five or more years old or established within five years of birth.
Child under 18, Adult (18 years or older)

\*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.
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.

\*CERTIFIED\*

MAY 3 1 2017

Howard Lebrand M.D., Health Officer



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