

Filed for record at the request of:

Diane M. Keller  
P.O. Box 571  
La Conner, WA 98257



**201907240127**

07/24/2019 04:25 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

Document Title:

Death Certificate

Reference Number: 9904130032

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1. Jerrol Ralph Keller, aka Jerry R. Keller

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_

1. Diane M. Keller

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

Lot 12, Block C, Map of La Conner, according to the Plat thereof recorded in Volume 2 of Plats, Page 49, Recods of Skagit County, Washington. Situated in the County of Skagit, State of Washington.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_

4123-003-012-0004 / P73952

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019 3091  
JUL 24 2019

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *Ynm* Deputy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

07/24/2019 04:26 PM Page 1 of 3

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-024298

DATE ISSUED: 06/05/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JERROL RALPH

LAST NAME(S): KELLER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 25, 2019

HOUR OF DEATH: 06:28 PM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MORGANTON, NC

MARITAL STATUS: MARRIED

SPOUSE: DIANE MARIE HANSEN

OCCUPATION: BUSINESS OWNER

INDUSTRY: MACHINERY SHOP

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: DIANE KELLER

RELATIONSHIP: WIFE

ADDRESS: PO BOX 571, LA CONNER, WA 98257

CAUSE OF DEATH:

A: ACUTE CEREBROVASCULAR ACCIDENT

INTERVAL: 2 WEEKS

B: CEREBROVASCULAR DISEASE

INTERVAL: 15 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE MYOCARDIAL  
INFARCTION, ATRIAL FIBRILLATION

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: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 531 - 4TH STREET

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER/PARENT: RALPH WADE KELLER

MOTHER/PARENT: PHRONA AMANDA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JUNE 01, 2019

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

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: BRYAN H. MURRAY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 912 32ND STREET, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: MAY 30, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MAY 31, 2019



## Affidavit for Correction

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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<b>Required</b>	<b>Required information must match current information on record</b>			
	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: _____		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record now shows:</b>		<b>The true fact is:</b>		
8. _____		9. _____		
10. _____		11. _____		
12. _____		13. _____		
14. _____		15. _____		
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct</b>				
16a. Signature: _____		16b. Signature of 2 <sup>nd</sup> parent (if required): _____		
Printed name: _____		Date: _____		Printed name: _____
				Date: _____
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>				
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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.				
<b>Child under 18</b>		<b>Adult (18 years or older)</b>		
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>		<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>		
*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.				
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</b>				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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\***

JUN 05 2019

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

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