

WHEN RECORDED RETURN TO:

Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221

02-173745-OE, Land Title and Escrow

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Jean Deegan

ABBREVIATED LEGAL DESCRIPTION:

Lot 28, Skyline No. 5

TAX PARCEL NUMBER(S):

3821-000-028-0009/P59342

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER 2019-012751

DATE ISSUED 03/22/2019
FEE NUMBERFIRST AND MIDDLE NAME(S) TERRY JEAN
LAST NAME(S) DEEGAN

COUNTY OF DEATH SKAGIT

DATE OF DEATH MARCH 17, 2019

HOUR OF DEATH 06:15 PM

SEX FEMALE AGE 84 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN NO, NOT SPANISH/HISPANIC/LATINO

RACE WHITE

BIRTH DATE [REDACTED]

BIRTHPLACE ENGLAND UNITED KINGDOM

MARITAL STATUS WIDOWED

SPOUSE NOT APPLICABLE

OCCUPATION HOMEMAKER

INDUSTRY OWN HOME

EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES NO

INFORMANT GRAHAM DEEGAN

RELATIONSHIP SON

ADDRESS 21303 - 59TH PLACE W, MOUNTLAKE TERRACE, WA 98043

CAUSE OF DEATH

A ACUTE RESPIRATORY FAILURE WITH HYPOXEMIA

INTERVAL 2 WEEKS

B ACUTE SYSTOLIC HEART FAILURE

INTERVAL 2 WEEKS

C INFERIOR MYOCARDIAL INFARCTION

INTERVAL 2 WEEKS

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 HOSPITAL

FACILITY OR ADDRESS SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP MT. VERNON, WASHINGTON 98274

RESIDENCE STREET 2502 HIGHLAND DRIVE

CITY, STATE, ZIP ANACORTES, WA 98221

INSIDE CITY LIMITS YES

COUNTY SKAGIT

TRIBAL RESERVATION NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE 24 YEARS

FATHER/PARENT HARRY GALE

MOTHER/PARENT WINNIFRED [REDACTED]

METHOD OF DISPOSITION CREMATION

PLACE OF DISPOSITION NORTHWEST CREMATORY

CITY, STATE ANACORTES, WASHINGTON

DISPOSITION DATE MARCH 21, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS 1105 32ND STREET

CITY, STATE, ZIP ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR JOHN HAAS

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 ALLEN L. JOHNSON, MD

TITLE PHYSICIAN

CERTIFIER ADDRESS 1415 E. KINCAID STREET

CITY, STATE, ZIP MOUNT VERNON, WA 98274

DATE SIGNED MARCH 18, 2019

CASE REFERRED TO ME/CORONER NO

FILE NUMBER NOT APPLICABLE

ATTENDING PHYSICIAN ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR MARIA VIVANCO

DATE RECEIVED MARCH 21, 2019



Affidavit for Correction

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

09/13/2019 02:00 PM
 Skagit County Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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:
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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

MAR 22 2019

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



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