

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:

Ken 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 2018-006439

DATE ISSUED 02/12/2018

FEE NUMBER

FIRST AND MIDDLE NAME(S) KENNETH JOHN
LAST NAME(S) DEEGANCOUNTY OF DEATH SKAGIT
DATE OF DEATH FEBRUARY 08, 2018
HOUR OF DEATH 10:45 AM
SEX MALE AGE 91 YEARS
SOCIAL SECURITY NUMBER [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE WHITEBIRTH DATE [REDACTED]
BIRTHPLACE LONDON UNITED KINGDOMMARITAL STATUS MARRIED
SPOUSE TERRY JEAN GALEOCCUPATION ENGINEER
INDUSTRY AEROSPACE
EDUCATION BACHELOR'S DEGREE
US ARMED FORCES NOINFORMANT TERRY JEAN DEEGAN
RELATIONSHIP WIFE
ADDRESS 2502 HIGHLAND DRIVE, ANACORTES, WA 98221CAUSE OF DEATH
A. CONGESTIVE HEART FAILURE
INTERVAL YEARS
B. CORONARY ARTERY DISEASE
INTERVAL 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 NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: FIDALGO CARE CENTER
CITY, STATE, ZIP ANACORTES, WASHINGTON 98221RESIDENCE 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: 23 YEARSFATHER/PARENT JOHN JAMES DEEGAN
MOTHER/PARENT ELIZABETH [REDACTED]METHOD OF DISPOSITION CREMATION
PLACE OF DISPOSITION NORTHWEST CREMATORYCITY, STATE ANACORTES, WASHINGTON
DISPOSITION DATE FEBRUARY 12, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS 1105 32ND STREET
CITY, STATE, ZIP ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR JOHN HAASMANNER 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 RESPONSECERTIFIER NAME MICHAEL JAMES, MD
TITLE PHYSICIAN
CERTIFIER ADDRESS 2511 M AVENUE, SUITE A
CITY, STATE, ZIP ANACORTES, WA 98221
DATE SIGNED FEBRUARY 09, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER NOT APPLICABLE
ATTENDING PHYSICIAN NOT APPLICABLELOCAL DEPUTY REGISTRAR CHERYL PETERSON
DATE RECEIVED FEBRUARY 12, 2018



Affidavit for Correction

Page 0 of 1
 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: <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.

DOH 422-034 October 2015

CERTIFIED

FEB 12 2018

Howard T. Librand
 Skagit County Health Department
 Howard T. Librand M.D., Health Officer

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



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