

WHEN RECORDED RETURN TO:

Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221



201910080067

10/08/2019 03:37 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

Land Title and Escrow

02-163246-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

DECEASED PARTY, Richard Byington Manning

ABBREVIATED LEGAL DESCRIPTION:

Lot 432, Shelter Bay Div. 2

TAX PARCEL NUMBER(S):

S3302020123; P129241

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-013236

DATE ISSUED: 03/31/2016

FEE NUMBER: 0150331163

GIVEN NAMES: RICHARD BYINGTON
LAST NAME: MANNING

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 26, 2016
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: RIO DE JANEIRO, BRAZIL

MARITAL STATUS: MARRIED
SPOUSE: LONA MARIE ATTFIELD

OCCUPATION: LIEUTENANT COMMANDER
INDUSTRY: UNITED STATES NAVY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: LINETTA MILNE
RELATIONSHIP: STEP-DAUGHTER/EXECUTOR
ADDRESS: PO BOX 55673, SHORELINE, WA 98155

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 432 KICKITAT DRIVE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

RESIDENCE STREET: 432 KICKITAT DRIVE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: RUSSELL C MANNING
MOTHER/PARENT: ELIZABETH E [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 31, 2016

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION SERVICE INC
ADDRESS: 746 NE MIDWAY BLVD
CITY, STATE, ZIP: OAK HARBOR WA 98277
FUNERAL DIRECTOR: PAUL E. KUZINA

CAUSE OF DEATH:

- A. UNDETERMINED NATURAL CAUSES
INTERVAL: UNKNOWN
- B. CHRONIC RESPIRATORY FAILURE
INTERVAL: YEARS
- C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

NON-HODGKINS LYMPHOMA, OBSTRUCTIVE SLEEP APNEA, CORONARY ARTERY DISEASE, MYASTHENIA GRAVIS

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ALLEN H. HORESH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: MARCH 30, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 31, 2016



Affidavit for Correction

10/08/2019 03:37 PM Page 3 of 3

State Health Statistics
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
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Required information must match current information on record

Required	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 Birth 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:
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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 forgoing 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

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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

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). 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 31 2016

J. Brad Thomas, M.D., Health Officer
Island County Health Dept.

DD00378754