201911080015

11/08/2019 09:48 AM Pages: 1 of 3 Fees: \$41.00

Skagit County Auditor, WA

AFTER RECORDING RETURN TO: Weinstein & Riley P.S. 2001 Western Ave Suite 400 Seattle, WA 98121 Phone: 206-269-3490

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65 04) Document Title(s) (or transactions contained therein): All areas applicable to your document must be filled in. • Death Certificate Reference Number(s) of Documents Assigned or Released: 201604150142 Additional reference numbers on page 1 of document. Grantor(s) (last name, first name, and initials): Additional names on page _____ of document. Gray, Franklin Samuel Grantee(s) (last name, first name, and initials): General Public Gray, Franklin Samuel Additional names on page _____ of document. Legal description abbreviated (i.e. lot, block, plat or section, township, range) Ptn. Gov. Lot 2 in Section 30, Township 35 North, Range 2 East Assessor's Property Tax Parcel/Account Number Assessor tax number not yet assigned 35023001420000 The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

DATE ISSUED: 10/23/2019

FEE NUMBER: 4610231908

CERTIFICATE NUMBER: 2019-005613

FIRST AND MIDDLE NAME(S): FRANKLIN SAMUEL LAST NAME(S): GRAY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 64, 2019 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 25 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: BIRTHPLACE: MOUNT VERNON, WA

SOCIAL SECURITY NUMBER:

MARITAL STATUS: SINGLE, NEVER MARRIED SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: FISHERMAN
MOUSTRY: COMMERCIAL FISHING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: KURT D GRAY RELATIONSHIP: FATHER

ADDRESS: 812 - 6TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:
A: FENTANYL TOXICITY
INTERVAL: UNKNOWN

INTERVAL:

INTERVAL

). INTERN

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT COCAINE USE

DATE OF INJURY: UNKNOWN HOUR OF INJURY: UNKNOWN INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 815 37TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: SELF-ADMINISTERED ILLICIT DRUG

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 815 - 37TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 815 - 37TH STREET
CITY, STATE, ZIP. ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHERPARENT: KURT DAVID GRAY MOTHER/PARENT: CLAUDIA DIANNE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: FEBRUARY 08, 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: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON TITLE: CORONERIME CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE CITY, STATE, ZIP.: MOUNT VERNON, WA 98273 DATE SIGNED: FEBRUARY 05, 2019

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 19SK0048
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: FEBRUARY 08, 2019

DOH 422-131 (8/18)

Affidavit for Correction Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 362-36-4300								314 98504-7814	
STATE OFFICE USE ONLY									
State	e File Number	Fee	Number		Initials	Date	Affidavit N	lumber	
	Required information must match current information on record								
20	Record Type: Birth Death Ma 1. Name on Record:				Marriage	Dissolution (Divorce)			
e	1. Name on Record: First Middle Last				2. Date of Event: 3. Place of Event: (City or County)				
Ē					IS Mother/Parent Fu	Il Birth Name (Spouse			
Required	First Middle Last/Maiden				First	Middle	La	st/Maiden	
	6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital Person on Record: Parent(s) Funeral Director Other (specify)								
	eturn Mailing Address:								
	D Box or Street Address				City		State	Zip	
Tele; (phone Number: _)				Email Address:				
i				changes on ti	e record. The rec	ord is incorrect or		follows:	
	The	record now s	hows:		<u> </u>	The true t	fact is:		
8.					9.				
10.					11.				
12.					13.				
14.					15.		*		
	I declare under	penalty of p	eriury under	the laws of the	State of Washing	ton that the forgo	Ing is true and	correct	
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):									
Print	ed name:			Date:	Printed name:			Date:	
	CO Hame.							Date.	
INSTRUCTIONS – go to <u>www.doh.wa.gov for more information</u>									
Pan	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:								
• B	sirth/Marriage/Divorce reci	ord • Milita	ry record (DD-:	214)	School transcripts	 Social Secur 	rity Numident Rep	ort	
	Certificate of Naturalization Certificates	n + Hosp	ital/medical red	ord •	Passport	Green/Perm	anent Resident ca	ird (I-551)	
 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 Adult (18 years or older)									
If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship Only the adult can change his or her birth certificate									
	. Up to age one, last name can be changed once to either parents' name on . If the first or middle name is missing, three pieces of documentary proof are								
	certificate (can be any combination of the first, middle or last names)* required After age one, a court order is required to change the last name If the first, middle and/or last name is misspelled, or date of birth is incorrect,								
٠	No proof is required to change the first or middle name* two pieces of documentary proof are required								
	To correct parent's information, one documentary proof is required. To correct parent's birth date, place of birth, or name, one documentary proof from a medical is required.								
	provider is required								
	*To change any part of the na certificate with request.	ame of a child usin	g this form, signa	tures from both p	arents listed on the cert	ificate are required. If or	ne parent is decease	d, submit a death	
	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. 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.								
2.	2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.								
Marr	iage/Dissolution (Divorc	e) Certificates						cumentary proof	
2. To	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								

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

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

