



201912230086

12/23/2019 11:52 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

**Filed for Record at Request of and
AFTER RECORDING MAIL TO:**

William O. Kessler
Beresford Booth PLLC
145 3rd Avenue South, Suite 200
Edmonds, WA 98020

WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in) DEATH CERTIFICATE
Reference Number(s) of Documents assigned or released: N/A
Grantor(s) (Last name, first name, initials) GERALD WAYNE HENNEKE
Grantee(s) (Last name first, then first name and initials) THE PUBLIC Additional names on page _____ of document.
Legal description (abbreviated: i.e. lot, block, plat or section, township, range) LOT 105, BLOCK 3, "LAKE CAVANAUGH SUBDIVISION 2", ACCORDING TO THE PLAT RECORDED IN VOLUME 5 OF PLATS, PAGE 49 TO 54, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.
Assessor's Property Tax Parcel/Account Number P66755 / 39380031050009 <input type="checkbox"/> Assessor Tax # not yet assigned
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



CERTIFICATE NUMBER: 2019-009659

LOCAL FILE NUMBER: 854

DATE ISSUED: 03/05/2019

FEE NUMBER: 310319

FIRST AND MIDDLE NAME(S): GERALD WAYNE

LAST NAME(S): HENNEKE

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: FEBRUARY 28, 2019

HOUR OF DEATH: 12:10 AM

SEX: MALE

AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PORT ORCHARD, WA

MARITAL STATUS: DIVORCED

SPOUSE: NOT APPLICABLE

OCCUPATION: MACHINIST

INDUSTRY: AEROSPACE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: DONALD HENNEKE

RELATIONSHIP: SON

ADDRESS: 5906 178TH STREET SW, LYNNWOOD, WA 98037

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: UNKNOWN

B: CARDIOMYOPATHY

INTERVAL: UNKNOWN

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: HOME

FACILITY OR ADDRESS: 16423 68TH AVENUE W

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98037

RESIDENCE STREET: 16423 68TH AVENUE W

CITY, STATE, ZIP: LYNNWOOD, WA 98037

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: HOMER D HENNEKE

MOTHER/PARENT: DORA E [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MARCH 04, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOHN K. MOODY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CHRISTINA HOWARD, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 34617 11TH PLACE SOUTH SUITE #00

CITY, STATE, ZIP: FEDERAL WAY, WA 98003

DATE SIGNED: FEBRUARY 28, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: CHRISTINA HOWARD

LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA

DATE RECEIVED: MARCH 04, 2019

DOH 322-132 Snohomish (8/18)

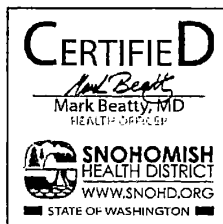
NOT VALID IF PHOTOCOPIED OR ALTERED

 Affidavit for Correction		Mail to: Center for 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			
Required	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:
	First	Middle	Last
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	First	Middle	Last/Maiden
	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:			
PO Box or Street Address		City	State Zip
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 forgoing is true and correct			
16a. Signature:		16b. Signature of 2nd 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:			
<ul style="list-style-type: none"> • 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			
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. 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			
3. Documentary proof must be five or more years old or established within five years of birth			
<u>Child under 18</u>		<u>Adult (18 years or older)</u>	
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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 using this form, 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			
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. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
Marriage/Dissolution (Divorce) Certificates			
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 January 2015



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



0 2 8 7 4 8 9 6