

**WHEN RECORDED RETURN TO:**

Land Title and Escrow  
3010 Commercial Avenue  
Anacortes, WA 98221

Land Title and Escrow

**02-175594-OE, 02-175594-OE**

**DOCUMENT TITLE(S):**

**Death Certificate**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

**STATE OF WASHINGTON**

**GRANTEE:**

**JOYCE ADDIE KILGORE WEBBER**

**ABBREVIATED LEGAL DESCRIPTION:**

**Ptn Gov. Lot 5, 2-35-1 E W.M.**

**TAX PARCEL NUMBER(S):**

**350102-0-021-0001 P31167**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-013935

LOCAL FILE NUMBER: 230-14

DATE ISSUED: 06/23/2014

FEE NUMBER: 1506231401

GIVEN NAMES: JOYCE ADDIE KILGORE  
LAST NAME: WEBBER

COUNTY OF DEATH: ISLAND  
DATE OF DEATH: JUNE 17, 2014  
HOUR OF DEATH: 08:30 A.M.  
SEX: FEMALE  
AGE: 86 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: OAKVILLE, WASHINGTON

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: JAY WEBBER  
RELATIONSHIP: SON  
ADDRESS: 10200 NE 31ST PLACE BELLEVUE, WA 98004

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: REGENCY ON WHIDBEY-HARBOR CARE  
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277

RESIDENCE STREET: 5101 GUENES ISLAND ROAD  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: CHARLIE KILGORE  
MOTHER: GERTRUDE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: WALLIN FUNERAL HOME & CREMATIO  
CITY, STATE: OAK HARBOR, WA  
DISPOSITION DATE: JUNE 23, 2014

FUNERAL FACILITY: WALLIN FUNERAL HOME & CREMATION, LLC  
ADDRESS: 1811 NORTH EAST 16TH AVE  
CITY, STATE, ZIP: OAK HARBOR WA 98277  
FUNERAL DIRECTOR: GARY L. WALLIN

CAUSE OF DEATH:  
A. ALZHEIMER'S DISEASE  
INTERVAL: YEARS  
B. INTERVAL:  
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: JUNE 19, 2014

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

LOCAL DEPUTY REGISTRAR:  
BARBARA COPE  
DATE RECEIVED: JUNE 23, 2014

Affidavit for Correction 12/31/2019 01:24 PM Page 3 of 3

Health Statistics  
P.O. Box 47614  
Olympia, WA 98504-7614  
(360) 256-4336

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:

Use the section below for requesting any changes on the record

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event:

4. Father/Parent Full Birth Name: 5. Mother/Parent Full Birth Name:

The record is incorrect or incomplete as follows:

The record now shows:

The true fact is:

6. 7.

8. 9.

10. 11.

12. 13.

14. I represent the person as:  Self  Parent  Guardian  Informant Telephone Number:  Funeral Director  Other (Specify):

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

(Print Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Table with 2 columns: Examples of acceptable documentary proof, Birth Record, Numident Report (Social Security Administrator), Voter's Registration Card (if it bears an effective date), Certificate of Naturalization, Marriage/Divorce Record, School Transcripts (Official), Military Record (DD-214), Life Insurance Policy, Alien Registration (front and back), Passport, Hospital/Medical Record.

Birth Certificates:

- 1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proofs must read exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Child under 18:
- Only parent(s) or legal guardian can change the birth certificate.
- Guardian must submit certified court order giving them authority to act on behalf of child(ren).
- Up to age one, the last name of the child can be changed once, to the mother's parent full birth name, father's parent full birth name (if present on the certified copy of a court order) or any combination of the two. After age one a court ordered legal name change is required.
- Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
- To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DCH 422-032)

Death Certificates:

- 1. Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. 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 affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DCH 422-034 Rev. 12/2013

\*CERTIFIED\*

JUN 23 2014

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

ZZ00257506