

Return Address:
John McMasters
PO Box 70567
Seattle, WA 98127



202008140160

08/14/2020 03:28 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

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)

1. CERTIFIED COPY OF DEATH CERTIFICATE

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page ____ of document

Grantor(s) Exactly as name(s) appear on document

1. MOFFATT, CHARLES EDWARD

2. _____

Additional names on page ____ of document.

Grantee(s) Exactly as name(s) appear on document

1. MOFFATT, CHARLES EDWARD

2. _____

Additional names on page ____ of document.

Legal Description (abbreviated: i.e. lot, block, plat or section, township, range)

Lot 2, "CEDARWOOD", as per plat recorded in Volume 15 of Plats, Pages 10 and 11,
records of Skagit County, Washington.

Additional legal is on page ____ of document.

Assessor's Property Tax Parcel/Account Number

☐ Assessor Tax # not yet

Assigned

Parcel P100759, XrefID 4567-000-002-0001

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

M:\WPDOCS\MOFFATT CHARLES & EVA ESTATES\COVER PAGE-RECORDING DEATH CERT-CHARLESMOFFATT.DOC

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-031759

LOCAL FILE NUMBER: 3022

DATE ISSUED: 07/14/2020
FEE NUMBER: 310720FIRST AND MIDDLE NAME(S): CHARLES EDWARD
LAST NAME(S): MOFFATT

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JULY 12, 2020

HOUR OF DEATH: 04:25 AM

SEX: MALE

AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MONTEVIDEO, MN

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CFO

INDUSTRY: FINANCE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: SHANA MOFFATT

RELATIONSHIP: DAUGHTER

ADDRESS: 211 SUMMIT AVE E #421 SEATTLE, WA, 98102

CAUSE 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: HOSPICE

FACILITY OR ADDRESS: PROVIDENCE HOSPICE CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 103 CEDARWOOD PL

CITY, STATE, ZIP: MOUNT VERNON, WA 98273-9493

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: CLARENCE CHARLES MOFFATT

MOTHER: MINNIE MATHILDA [REDACTED]

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: GRACELAND CEMETERY

CITY, STATE: MADISON, SOUTH DAKOTA

DISPOSITION DATE: JULY 21, 2020

FUNERAL FACILITY: SOLIE FUNERAL HOME, LLC

ADDRESS: 3301 COLBY AVE

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

FUNERAL DIRECTOR: PAUL A. TURNER

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: CHARLES V. KOTAL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 912 32ND STREET, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: JULY 13, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KAREN KINDER-CARA

DATE RECEIVED: JULY 14, 2020

**Affidavit for Correction**

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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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	

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

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
 - To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

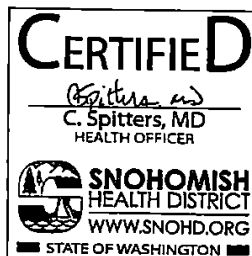
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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



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