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08/24/2020 03:25 PM Pages: 1 of 2 Fees: \$40.00
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. CORRECTIVE CERTIFIED COPY OF DEATH CERTIFICATE

Reference Number(s) of Documents assigned or released: 202008140161

Additional reference #'s on page ____ of document

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

1. MOFFATT, E. LOIS

2. _____

Additional names on page ____ of document.

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

1. MOFFATT, E. LOIS

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

Assigned

☐ Assessor Tax # not yet

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.

GALLATIN COUNTY

CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 202016-003783

FULL NAME OF DECEASED: E. Lois Moffatt
AKA: Lois Moffatt
SEX: Female
DATE OF DEATH: May 06, 2020
PLACE OF DEATH: BOZEMAN
RACE: White
DATE OF BIRTH: [REDACTED]
BIRTHPLACE: Dupree, South Dakota
MOTHER'S NAME: Ina Merle [REDACTED]
FATHER'S NAME: Forrest McBride
MARITAL STATUS: Married
SPOUSE: Chuck Moffatt
SOCIAL SECURITY NUMBER: [REDACTED]
VETERAN OF ARMED FORCES: No
RESIDENCE: Mount Vernon, Washington
FUNERAL FACILITY: Dokken-Nelson Funeral Service
PLACE OF DISPOSITION: Graceland Cemetery
Madison, South Dakota
METHOD OF DISPOSITION: Removal
MANNER OF DEATH: Natural
DATE FILED: May 14, 2020
CAUSE OF DEATH: a. Hypertensive Arteriosclerotic cardiovascular disease
ONSET: years
OTHER SIGNIFICANT CONDITIONS:
Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, three recent heart stents
NAME AND ADDRESS OF CERTIFIER:
Bonnie J. Whitman, 615 S 16th, Bozeman, Montana 59715
DATE ISSUED: May 14, 2020 BY: Sam H. [Signature]

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This certifies that this document is a true duplication
of the original information on file with the Department
of Public Health and Human Services.

[Signature]
Clerk and Recorder