

WHEN RECORDED RETURN TO:

Virginia Heiner
PO Box 1450
Anacortes WA 98221

Land Title & Escrow
Order No. 02-181495-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
DECEASED PARTY
LAWRENCE ELDON HEINER

ABBREVIATED LEGAL DESCRIPTION:

Lots 1 & 2, Blk 131, Anacortes

TAX PARCEL NUMBER(S):

3772-131-002-0001; P55844

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-050298

DATE ISSUED: 11/21/2019
FEE NUMBER:FIRST AND MIDDLE NAME(S): LAWRENCE ELDON
LAST NAME(S): HEINERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 14, 2019
HOUR OF DEATH: 08:20 PM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: GRAND JUNCTION, COMARITAL STATUS: MARRIED
SURVIVING SPOUSE: VIRGINIA E DOYLEOCCUPATION: BUSINESS OWNER
INDUSTRY: MINING
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YESINFORMANT: VIRGINIA E HEINER
RELATIONSHIP: WIFE
ADDRESS: 804 K AVE ANACORTES, WA 98221CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: MONTHS
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, RECURRENT PNEUMONIA, VALVULAR HEART DISEASE,
OBSTRUCTIVE SLEEP APNEADATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

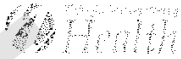
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 804 K AVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 804 K AVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARSFATHER: LAWRENCE RAYMOND HEIMER
MOTHER: LOLA TENENT IMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 18, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: NOVEMBER 15, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 18, 2019



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

 Skagit County Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-220-4362

STATE OFFICE USE ONLY

State File Number _____ Fee Number _____ Initials _____ Date _____ Affidavit Number _____

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: _____	
	2. Date of Event: _____ M/DD/YY	
	3. Place of Event: _____	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): First _____ Middle _____ Last _____	
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): First _____ Middle _____ Last _____		
6. Name of Person Requesting Correction: _____		
Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Grandparent <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: _____		
Telephone Number: _____		
Email Address: _____ State _____		

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 foregoing is true and correct

16a. Signature: _____	16b. Signature of 2nd parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more informationDriver'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:

- Birth/Marriage/Dissolution record
- Military records (DD-214)
- School transcripts
- Social Security Number Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- 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 facts. 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.
- Under 18 years of age:**
- Legal guardians: include certified court order proving guardianship.
 - Up to age one, last name can be changed once to either parent's 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 parents' information, one documentary proof is required.
 - To correct the sex of the child, one documentary proof from a medical provider is required.
- 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 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 fact on 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 BOM 422-032)

Death Certificates

- 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 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Persons' facts (marriage) 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 official from either clerk of court or dissolution must complete and submit the affidavit.

CERTIFIED

NOV 21 2019

 Skagit County Health Department
 Howard Leibrand M.D., Health Officer


03265778

Certificate valid only when the Seal of the State of Washington changes to the next calendar year.