



202210040027

10/04/2022 10:25 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER

DEPUTY

Bern Thompson

DATE

10.4.22

205904-LT, Land Title and Escrow

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

ROBERT RAYMOND HEACOX

ABBREVIATED LEGAL DESCRIPTION:

Unit 19, Forest Ridge PUD Ph. 2

TAX PARCEL NUMBER(S):

4811-000-019-0000/P120113

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-017307

DATE ISSUED: 08/07/2014

FEE NUMBER: 0000000029

GIVEN NAMES: **ROBERT RAYMOND**
 LAST NAME: **HEACOX**

COUNTY OF DEATH: **SKAGIT**
 DATE OF DEATH: **AUGUST 01, 2014**
 HOUR OF DEATH: **03:55 A.M.**
 SEX: **MALE**
 AGE: **91 YEARS**

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
 RACE: **WHITE**

BIRTHDATE: [REDACTED]
 BIRTHPLACE: **MORSE, WISCONSIN**

MARITAL STATUS: **MARRIED**
 SPOUSE: **JEAN MARIE FELSKE**

OCCUPATION: **ENGINEER**
 INDUSTRY: **ELECTRONICS**
 EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
 US ARMED FORCES? **YES**

INFORMANT: **RALPH HEACOX**
 RELATIONSHIP: **SON**
 ADDRESS: **1608 36TH STREET, ANACORTES, WA 98221**

PLACE OF DEATH: **HOME**
 FACILITY OR ADDRESS: **2014 CASCADE CT**
 CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**

RESIDENCE STREET: **2014 CASCADE CT**
 CITY, STATE, ZIP: **ANACORTES, WASHINGTON 982217404**
 INSIDE CITY LIMITS? **YES**
 COUNTY: **SKAGIT**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **6 MONTHS**

FATHER: **MERTON HEACOX**
 MOTHER: **ELLA [REDACTED]**

METHOD OF DISPOSITION: **CREMATION**
 PLACE OF DISPOSITION: **NORTHWEST CREMATORY**
 CITY, STATE: **ANACORTES, WA**
 DISPOSITION DATE: **AUGUST 06, 2014**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**
 ADDRESS: **1105 32ND STREET**
 CITY, STATE, ZIP: **ANACORTES WA 98221**
 FUNERAL DIRECTOR: **JAMES C. HADDON**

CAUSE OF DEATH:
 A. **CARDIAC ARREST**
 INTERVAL: **ACUTE**
 B. **CORONARY ARTERY DISEASE**
 INTERVAL: **LONG-TERM**
 C.
 INTERVAL:
 D.
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
TYPE 2 DIABETES, ATRIAL FIBRILLATION

DATE OF INJURY:
 HOUR OF INJURY:
 INJURY AT WORK?
 PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
 COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: **NATURAL**AUTOPSY: **NO**

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

CERTIFIER NAME: **ALLEN H. HORESH, MD**
 TITLE: **PHYSICIAN**
 CERTIFIER
 ADDRESS: **912 32ND STREET, SUITE A**
 CITY, STATE, ZIP: **ANACORTES WA 98221**
 DATE SIGNED: **AUGUST 04, 2014**

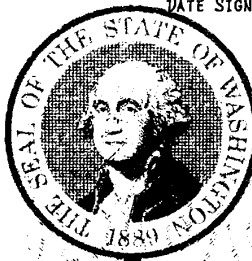
CASE REFERRED TO ME/CORONER: **NO**
 FILE NUMBER: **127-14**
 ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
 DATE RECEIVED: **AUGUST 05, 2014**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: **NONE**

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





Affidavit for Correction

10/04/2022 10:25 AM

Page 1 of 1 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
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Use the section below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
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6.	7.
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8.	9.
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10.	11.
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12.	13.
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14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant	Telephone Number:
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	

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

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

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	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:

- Only a parent, 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 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.
- 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/parent full birth name, father/parent full birth name (if present on the certificate) 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.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates:

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

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 August 2013

CERTIFIED

AUG 07 2014

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

ZZ00275793