

202211100048

11/10/2022 01:07 PM Pages: 1 of 7 Fees: \$45.00

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Susan L. Moen
4026 Portofino Court
Missouri City, TX 77459

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/10/2022

207574-LT, Land Title and Escrow

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
MICHAEL H. MOEN

ABBREVIATED LEGAL DESCRIPTION:
Lot 5 Stone Ridge SP ANA-004-013, being a ptn NW 25-35-1 E W.M.

TAX PARCEL NUMBER(S):
350125-2-010-0600/P125031

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 03/16/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-013475

FIRST AND MIDDLE NAME(S): MICHAEL H
LAST NAME(S): MOEN

AKA: MICK MOEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 10, 2022

HOUR OF DEATH: 10:15 PM

SEX: MALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SUSAN LYNNE JOHNSON

OCCUPATION: SUPERVISOR

INDUSTRY: MARITIME INDUSTRY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: SUSAN L MOEN

RELATIONSHIP: WIFE

ADDRESS: 3302 RICE COURT, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: HYPERTENSION

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, CHRONIC
KIDNEY DISEASE

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 3302 RICE COURT

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3302 RICE COURT

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: HARVEY LOUIS MOEN

MOTHER: MARGUERITE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MARCH 14, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MARCH 11, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MARCH 11, 2022

**Affidavit for Correction**

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: Mrs. [redacted] [redacted] [redacted]		2. Date of Event: [redacted]
	3. Place of Event: [redacted]		
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) [redacted]		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) [redacted]
	6. Name of Person Requesting Correction: [redacted]		
	Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <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: [redacted]			
Telephone Number: ()		Email Address: [redacted]	

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. [redacted]	9. [redacted]
10. [redacted]	11. [redacted]
12. [redacted]	13. [redacted]

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

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

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

- 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 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

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.

*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.

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.

CERTIFIED

MAR 16 2022

Howard Lebrand
Stagit County Health Department
Howard Lebrand M.D., Health Officer



0 5 2 6 2 1 2 7

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
207574-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susan L. Moen, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Michael H. Moen,
Relationship to decedent *Decedent/Grantor*

who died on March 10, 2022 at
Date

Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 5 Stone Ridge SP ANA-004-013, being a ptn NW 25-35-1 E W.M.

Assessor's Property Tax Parcel/Account Number: 350125-2-010-0600/P125031
(Attach full legal description of the property)

- ☐ Decedent left no Last Will and Testament.
- ☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Susan L. Moen, surviving spouse, age

3302 Rice Court Anacortes WA 98221

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 11/8/22Susan L. Moen

Affiant's full name

(360) 990-3162

Telephone number

3302 Rice Court

Street

Anacortes

City

Washington

State

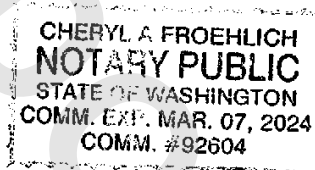
98221

Zip Code

Susan L Moen
Signature11/8/22
DateSTATE OF WASHINGTON
COUNTY OF SKAGITSigned and sworn to (or affirmed) before me on this 8 day of Nov, 2022 by Susan L. Moen.

Signature

Title

My appointment expires: 3-7, 2024

Legal Description

Lot 5, CITY OF ANACORTES SHORT PLAT NO. ANA-004-013, as approved September 9, 2006, and recorded September 13, 2006, under Auditor's File No. 200609130188, records of Skagit County, Washington; being a portion of the Northwest 1/4 of Section 25, Township 35 North, Range 1 East, W.M.

(Also known as Stone Ridge Short Plat).

Situate in the County of Skagit, State of Washington.