

When recorded return to:
Richard G. Van Cleave
The Wesley G. Coons and M. June Coons
Revocable Living Trust, U/A dated 9/17/2009
1505 Meadowlark Terrace
Clarkston, WA 99403

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/16/2023

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

CHICAGO TITLE COMPANY
620054713

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620054713

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

Additional names on page _____ of document

GRANTEE(S)

Margaret June Coons

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

TRACT 2-C SP # 23-82; BEING PTN SW 1/4 25-35-3

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S) P35385 / 350335-3-005-0608

Additional Tax Accounts are on page _____ of document

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.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-004318

DATE ISSUED: 02/07/2020
FEE NUMBER: 0205-10003

FIRST AND MIDDLE NAME(S): MARGARET JUNE
LAST NAME(S): COONS

COUNTY OF DEATH: BENTON
DATE OF DEATH: JANUARY 26, 2020
HOUR OF DEATH: 02:13 PM
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: PILOT ROCK, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WESLEY GENE COONS

OCCUPATION: WAITRESS AND HOMEMAKER
INDUSTRY: FOOD SERVICE
EDUCATION: NO DIPLOMA; 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: WESLEY G COONS
RELATIONSHIP: HUSBAND
ADDRESS: 11604 SUNRISE LANE, BURLINGTON, WA 98233

CAUSE OF DEATH:
A: ACUTE INTRACEREBRAL HEMORRHAGE
INTERVAL: DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PARKINSON'S DISEASE;
DIABETES MELLITUS; HYPERTENSION; RENAL INSUFFICIENCY

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: CHAPLAINCY HOSPICE CARE
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 98336

RESIDENCE STREET: 11604 SUNRISE LANE
CITY, STATE, ZIP: BURLINGTON, WA
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: ALBERT LAWRENCE SURSTE
MOTHER: DOROTHA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BOGC CREMATION SERVICES

CITY, STATE: KENNEWICK, WASHINGTON
DISPOSITION DATE: JANUARY 30, 2020

FUNERAL FACILITY: HILLCREST FUNERALS AND CREMATION

ADDRESS: 9363 WEST CLEARWATER
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 98336
FUNERAL DIRECTOR: MICHAEL W TURNER

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: W THOMAS COOPER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2100 W. ENTIAT AVENUE
CITY, STATE, ZIP: KENNEWICK, WA 98336
DATE SIGNED: JANUARY 30, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KAREN L. LAGIER
DATE RECEIVED: JANUARY 30, 2020

Affidavit for Correction



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

Washington State Department of 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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

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 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 information

Driver'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/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' 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 parent's 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 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. 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 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.
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 documentary proof
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

DOH 422-034 January 2015



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

CERTIFIED

FEB 07 2020

Amy D. Person, M.D.
Amy D. Person, M.D.

Benton-Franklin County Health District



0 3 7 9 5 5 3 2