

**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)**

Westley Gene Coons

Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

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

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: 2023-012150

DATE ISSUED: 03/14/2023  
FEE NUMBER: 0201-116

FIRST AND MIDDLE NAME(S): WESLEY GENE  
LAST NAME(S): COONS

COUNTY OF DEATH: BENTON  
DATE OF DEATH: MARCH 08, 2023  
HOUR OF DEATH: 10:00 AM PRESUMED  
SEX: MALE AGE: 95 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: WICKENZIE, ND

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS OWNER  
INDUSTRY: WHOLESALE MANUFACTURING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: SANDRA COONS  
RELATIONSHIP: DAUGHTER  
ADDRESS: 11419 LARSON RD. ANDERSON ISLAND, WA 98303

CAUSE OF DEATH:

- A: CARDIAC ARREST  
INTERVAL: MOMENTS  
B: GASTROINTESTINAL BLEED OF UNKNOWN ETIOLOGY  
INTERVAL: UNKNOWN  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATHEROSCLEROTIC  
CARDIOVASCULAR DISEASE, CORONARY ARTERY DISEASE, ATRIAL  
FIBRILLATION, HYPERLIPIDEMIA

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: 1900 BELLERIVE DR UNIT 331  
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352

RESIDENCE STREET: 1900 BELLERIVE DR 331  
CITY, STATE, ZIP: RICHLAND, WA 99352  
INSIDE CITY LIMITS: YES COUNTY: BENTON  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: ROSCOE BASH COONS  
MOTHER: FERN [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EINAN'S CREMATORIUM

CITY, STATE: RICHLAND, WASHINGTON  
DISPOSITION DATE: MARCH 14, 2023

FLUNERAL FACILITY: EINAN'S DESERET MEMORIAL CHAPEL

ADDRESS: P O BOX 90  
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352  
FLUNERAL DIRECTOR: SARAH SMITH

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE LEE  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 7110 WEST OKANOGAN PLACE, BUILDING A  
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 983362359  
DATE SIGNED: MARCH 10, 2023

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: C23-0130  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ  
DATE RECEIVED: MARCH 13, 2023

# Affidavit for Correction

202308160017

08/16/2023 11:46 AM Benton-Franklin County 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

Required Information must match current information on record		
<b>Required</b>	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:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	3. Place of Event: (City or County)
	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	6. Name of Person Requesting Correction: 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:	
	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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name: _____ Date: _____	Printed name: _____ Date: _____

**INSTRUCTIONS - go to [www.doh.wa.gov](http://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**

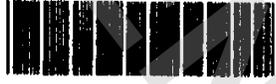
- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



# CERTIFIED

MAR 14 2023

Larry D. Jecha, M.D.  
Benton-Franklin County Health District



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