



202309290019

09/29/2023 09:55 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Premier Title
775 NE Midway Blvd
Oak Harbor, WA 98277

Real Estate Excise Tax
Exempt
Skagit County Treasurer

By Kathleen Anderson
Date 9/29/2023

Escrow Number: 01348-48664

Filed for Record at Request of: Premier Title of Island County

GWN 23-18983

DOCUMENTS TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

1

GRANTOR(S):

The Estate of Roger F. Wheelis

GRANTEE(S):

Public Skagit County

ABBREVIATED LEGAL DESCRIPTION:

Lot 189, SHELTER BAY DIV. 2

TAX PARCEL NUMBER(S):

P129056

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-017907

DATE ISSUED: 04/12/2023

FEE NUMBER: 18226190

FIRST AND MIDDLE NAME(S): ROGER FERGUSON
LAST NAME(S): WHEELISCOUNTY OF DEATH: KING
DATE OF DEATH: APRIL 11, 2023
HOUR OF DEATH: 01:50 PM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: CHARLESTON, SCMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: PHYSICIAN
INDUSTRY: HOSPITAL
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NOINFORMANT: PAMELA LYN SHOR
RELATIONSHIP: DAUGHTER
ADDRESS: 9160 FOX COVE LANE NE, BAINBRIDGE ISLAND, WA 98110CAUSE OF DEATH:
A: HYPOTENSION
INTERVAL: 10 HOURS
B: SEPSIS
INTERVAL: 12 HOURS
C: UNKNOWN
INTERVAL: 3 DAYS
D: ACUTE ON CHRONIC HEART FAILURE PRESERVED EJECTION FRACTION
INTERVAL: 5 DAYSOTHER CONDITIONS CONTRIBUTING TO DEATH: HYPONATREMIA, TRICUSPID
REGURGITATION STATUS POST CLIPDATE 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: HOSPITAL
FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101RESIDENCE STREET: 189 SUQUAMISH WAY
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 12 YEARSFATHER: JOHN WHEELIS
MOTHER: LIDA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICESCITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 12, 2023

FUNERAL FACILITY: COOK FAMILY FUNERAL HOME

ADDRESS: PO BOX 11109
CITY, STATE, ZIP: BAINBRIDGE ISLAND, WASHINGTON 98110
FUNERAL DIRECTOR: FRANCIS T. DINAN, JRMANNER 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 RESPONSECERTIFIER NAME: E EUN JANG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1100 9TH AVENUE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101
DATE SIGNED: APRIL 11, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: E EUN JANG, PHYSICIANLOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: APRIL 12, 2023


Affidavit for Correction

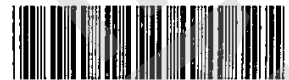
This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY												
State File Number	Fee Number	Initials	Date	Affidavit Number								
Required information must match current information on record												
Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)											
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)								
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden									
	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: PO Box or Street Address City State Zip Telephone Number: () Email Address:											
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:												
<table style="width:100%; border: none;"> <tr> <th style="width: 50%; border: none;">The record currently shows:</th> <th style="width: 50%; border: none;">The true fact is:</th> </tr> <tr> <td style="border: none;">8.</td> <td style="border: none;">9.</td> </tr> <tr> <td style="border: none;">10.</td> <td style="border: none;">11.</td> </tr> <tr> <td style="border: none;">12.</td> <td style="border: none;">13.</td> </tr> </table>					The record currently shows:	The true fact is:	8.	9.	10.	11.	12.	13.
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: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:										
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												
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. Proof documentation must be five or more years old or established within five years of birth. 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159). <u>Child under 18</u> • 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. *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. <u>Adult (18 years or older)</u> • 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.												
Death Certificates												
1. 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. 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 proof documentation. 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.												



CERTIFIED
 KITSAP PUBLIC HEALTH DISTRICT
 345 6TH ST. STE. 300, BREMERTON, WA 98337


 Gib Morrow, MD, MPH
 Health District Officer



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