



202310060078

10/06/2023 03:33 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Sturrow
DATE 10/6/2023

DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

BETTY A. MOONEY (Deceased)

ASSESSOR'S PARCEL NUMBER:

P32075 (350125-0-089-0003)

LEGAL DESCRIPTION:

Lot 2, City of Anacortes Short Plat Spl-2016-1006, recorded under AF#201711150058, being a portion of the Northeast Quarter of the Southwest Quarter of Section 25, Township 35 North, Range 1 East, W.M.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-053935

DATE ISSUED: 11/24/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BETTY ALICE
LAST NAME(S): MOONEY

COUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 18, 2020
HOUR OF DEATH: 10:24 PM
SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

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

RESIDENCE STREET: 2010 - 41ST STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 57 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAN DIEGO, CA

FATHER: CHARLES WILBUR DAVIS
MOTHER: ALICE ANNIE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAT DOUGLAS MOONEY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: BOOKKEEPER
INDUSTRY: AUTO PARTS STORE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: NOVEMBER 24, 2020

INFORMANT: CHARLEEN FORSMAN
RELATIONSHIP: DAUGHTER
ADDRESS: 1605 - 35TH PLACE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: DAYS
B: STATUS EPILEPTICUS
INTERVAL: DAYS
C: SUBDURAL HEMATOMA AND INTRAPARENCHYMAL CONTUSIONS
INTERVAL: DAYS
D: GROUND LEVEL FALL WITH BLUNT FORCE HEAD INJURY
INTERVAL: DAYS

MANNER OF DEATH: ACCIDENT
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

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION ON
WARFARIN, CORONARY ARTERY DISEASE, CHRONIC HEART FAILURE,
PULMONARY HYPERTENSION

CERTIFIER NAME: BRIAN S. MAZRIM, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: NOVEMBER 20, 2020

DATE OF INJURY: NOVEMBER 15, 2020
HOUR OF INJURY: 09:41 PM
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2010 41ST ST

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 20-3557
ATTENDING PHYSICIAN: RAJEN NATHWANI, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: NOVEMBER 20, 2020



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

Record Type: Birth Death Marriage 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) 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: 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:

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 foregoing is true and correct.

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

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

- 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.



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

CERTIFIED

NOV 24 2020

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



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