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04/05/2024 03:10 PM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 0165  
APR 05 2024

Amount Paid \$ 0  
By Skagit Co. Treasurer  
Deputy

Document Title:

Death Certificate

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. LaVerne Opal Moser

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

Tract 3, Hollydale Acrest

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

P66117

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

Local File Number <b>95-10</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix <b>LaVerne Opal Moser</b>				2. Death Date <b>Jan. 27, 2010</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>91 Years</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	6. County of Death <b>Skagit</b>	
8a. Birthplace (City, Town, or County) <b>Jump River</b>		8b. (State or Foreign Country) <b>Wisconsin</b>		8. Decedent's Education <b>8th Grade with Education Certificate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.) <b>2825 Hollydale Acres Lane</b>				13b. City or Town <b>Mount Vernon</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98273</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>62 Years</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>N/A</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Homemaker</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Roy Peollot</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gertrude Leila Mason</b>			
21. Informant's Name <b>Tom Moser</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2825 Hollydale Acres Lane Mount Vernon, WA 98273</b>	
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>					
25. Facility Name (if not a facility, give number & street or location) <b>2825 Hollydale Acres Lane</b>		26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>	
26c. Zip Code <b>98273</b>		27. Location-City/Town, and State <b>Mount Vernon, WA</b>			
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>		30. Date of Disposition <b>Feb. 4, 2010</b>	
31. Name and Complete Address of Funeral Facility <b>Affordable Burial &amp; Cremation Services, LLC 17910 SR 536 Mount Vernon, WA 98273</b>					
33. Funeral Director Signature: _____					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Stomach Cancer</b> Interval between Onset & Death <b>~ 10 months</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): Interval between Onset & Death _____					
c. _____ Due to (or as a consequence of): Interval between Onset & Death _____					
d. _____ Due to (or as a consequence of): Interval between Onset & Death _____					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Coronary Artery Disease, Atherosclerosis, HTN, COPD</b>					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Apartment</b>	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____					
46. Describe how injury occurred _____					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <b>X M. Dubek MD</b>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Dr. Martin Dubek, M.D., 2116 E. Section St. Mount Vernon, WA 98274</b>			50. Hour of Death (24hrs) <b>0000 Hours</b>		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) <b>Martin Dubek, MD</b>			52. Date Signed (mm/dd/yyyy) <b>01/29/2010</b>		
53. Title of Certifier <b>Physician</b>		54. License Number <b>MD 000 92410 - WA</b>		55. ME/Coroner File Number <b>NJA 052</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature <b>Corrine Anderson, Deputy</b>		58. Date Received (mm/dd/yyyy) <b>FEB - 3 2010</b>			
59. Amendments					



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/96)



# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:		17. Address:
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport</p>				
Birth Certificates:				
<p>1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p> <p>2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.</p> <p>3. Proof must be five (or more) years old or have been established within five years of birth.</p> <p>4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:</p> <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.</li> <li>- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.</li> </ul> <p>5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).</p> <p>6. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></p>				
Death Certificates:				
<p>1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</p>				
Marriage/Dissolution (Divorce) Certificates:				
<p>1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.</p> <p>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>				

DOH/CHS 023 (Rev. 9/2002)

**\*CERTIFIED\***

FEB 03 2010

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

TT00116196