



202409120032

09/12/2024 02:14 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

Return address:
Noel Paterson
108 Wells Ave S
Renton, WA 98057

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 2124
SEP 12 2024

Amount Paid \$0
By Skagit Co. Treasurer
KO 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. Francis John Foley

2.

Abbreviated legal description:

☐ full legal on page(s) ____

(0.5200 ac) Rancho San Juan Del Mar
Sub-Div 5 LT D-TR

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P68355

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-009541

DATE ISSUED: 03/05/2024
FEE NUMBER: 1706018FIRST AND MIDDLE NAME(S): FRANCIS JOHN
LAST NAME(S): FOLEYCOUNTY OF DEATH: KING
DATE OF DEATH: FEBRUARY 25, 2024
HOUR OF DEATH: 04:36 AM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PEORIA, ILMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARJORIE MARIE SCHUBERTOCCUPATION: AEROSPACE ELECTRICAL ENGINEER
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: BRYAN FOLEY
RELATIONSHIP: SON
ADDRESS: 18304 4TH ST E, LAKE TAPPS, WA 98391CAUSE OF DEATH:
A: COLON CANCER
INTERVAL: 6 MONTHSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA

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: 11434 SE 186TH ST
CITY, STATE, ZIP: RENTON, WASHINGTON 98055RESIDENCE STREET: 11434 SE 186TH ST
CITY, STATE, ZIP: RENTON, WA 98055
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 62 YEARSFATHER: JOHN JOSEPH FOLEY
MOTHER: [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GETHSEMANE CEMETERYCITY, STATE: FEDERAL WAY, WASHINGTON
DISPOSITION DATE: MARCH 15, 2024

FUNERAL FACILITY: MARLATT FUNERAL HOME

ADDRESS: 713 CENTRAL AVENUE N
CITY, STATE, ZIP: KENT, WASHINGTON 98032
FUNERAL DIRECTOR: LAURA A. BONAWITZMANNER 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: NOT APPLICABLECERTIFIER NAME: SHOBHA W. STACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12040 NE 128TH STREET MS 9
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
DATE SIGNED: FEBRUARY 27, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: GRACIE TANGALAN
DATE RECEIVED: FEBRUARY 28, 2024



Affidavit for Correction

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

Mail to: Center for 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				
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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:

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 nd 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.
- *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.

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.

Death Certificates

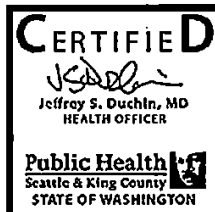
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



0 7 0 6 3 2 7 8