



201807170104

07/17/2018 03:15 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document Title:

Death Certificate

Reference Number (if applicable): 201410220066

Grantor(s):

additional grantor names on page \_\_\_\_

- 1) Wash. State of \_\_\_\_\_
- 2) \_\_\_\_\_

Grantee(s):

additional grantor names on page \_\_\_\_

- 1) Offley, William Howard \_\_\_\_\_
- 2) \_\_\_\_\_

Abbreviated Legal Description:

full legal on page(s) \_\_\_\_

Lot 46 Eagle Valley PUD

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

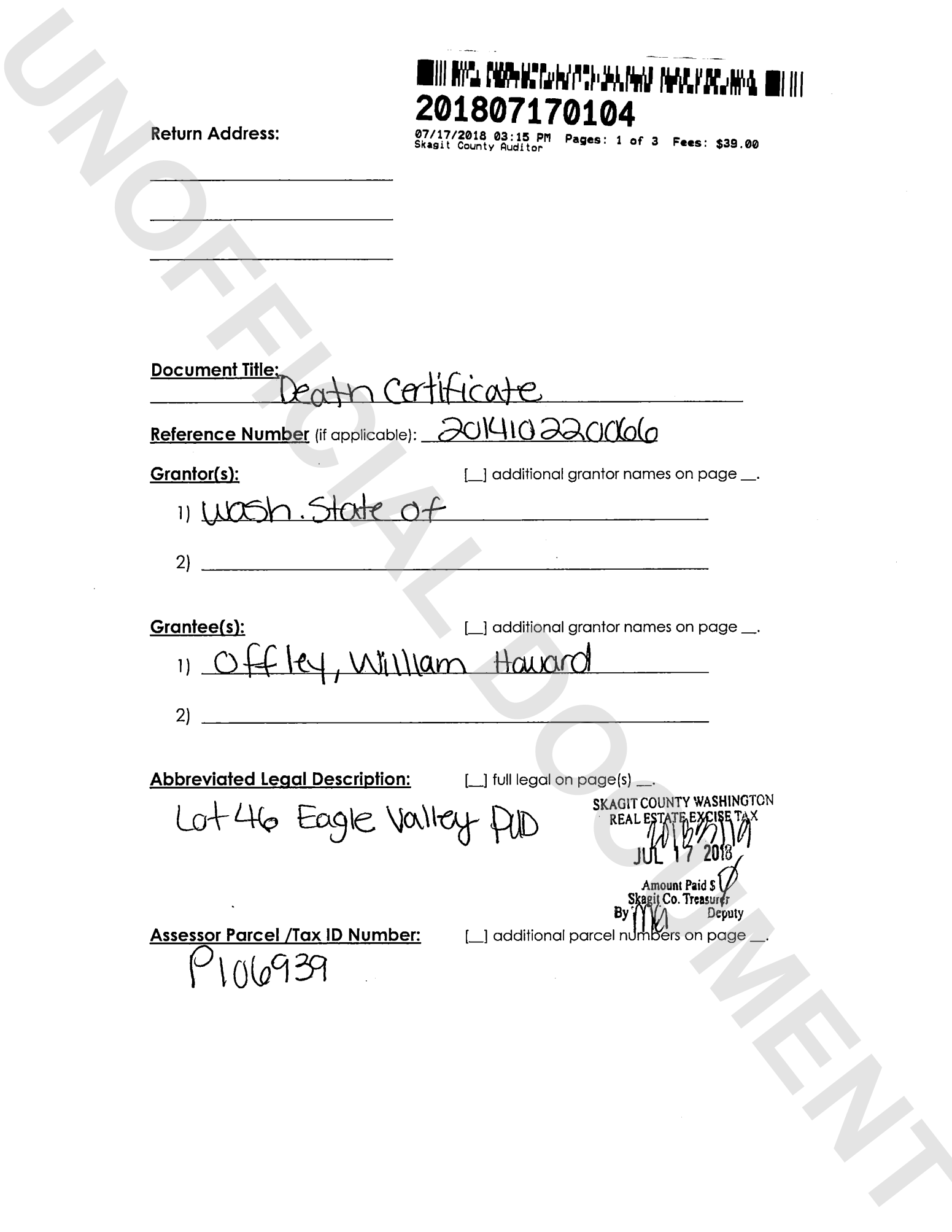
2018/07/17  
JUL 17 2018

Amount Paid \$  
Skagit Co. Treasurer  
By [Signature] Deputy

Assessor Parcel /Tax ID Number:

additional parcel numbers on page \_\_\_\_

P106939



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

of 3

CERTIFICATE OF DEATH



DATE ISSUED: 06/11/2018  
FEE NUMBER: 310618

CERTIFICATE NUMBER: 2018-025383

FIRST AND MIDDLE NAME(S): WILLIAM HOWARD  
LAST NAME(S): OFFLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 03, 2018  
HOUR OF DEATH: 02:25 PM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUM [REDACTED]

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

BIRTH DAT [REDACTED]  
BIRTHPLACE: PELICAN RAPIDS, MN

MARITAL STATUS: DIVORCED  
SPOUSE: NOT APPLICABLE

OCCUPATION: CARPENTER  
INDUSTRY: CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: PATRICIA ANN GORDAOFF  
RELATIONSHIP: SIGNIFICANT OTHER  
ADDRESS: 24211 FEATHER LN, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: RECURRENT PNEUMONIA  
INTERVAL: DAYS  
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC LYMPHOCYTIC  
LEUKEMIA. CORONARY ARTERY DISEASE. ATRIAL FIBRILLATION.

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: HOME  
FACILITY OR ADDRESS: 24211 FEATHER LANE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 24211 FEATHER LN  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-8954  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: ARTHUR OFFLEY  
MOTHER/PARENT: BESSIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: JUNE 08, 2018

FUNERAL FACILITY: FUNERAL & CREMATION CARE

ADDRESS: 1400 112TH AVE SE  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

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

CERTIFIER NAME: DIANE M. KAPLAN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1400 N. LAVENTURE ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: JUNE 08, 2018

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DAWN M. KOENIG  
DATE RECEIVED: JUNE 08, 2018

DOH 422-132 Snahomish (10/17)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201807170104

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

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</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:	3. Place of Event:
	4. Father/Parent Full Legal 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 <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:

Telephone Number: ( )      Email Address:

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:		9. The true fact is:	
10.		11.	
12.		13.	
14.		15.	

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

16a. Signature:      16b. 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

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**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. Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

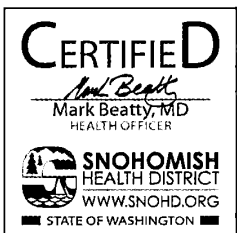
**Death Certificates**

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



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



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