

WHEN RECORDED RETURN TO:

Premier Title of Island County
775 NE Midway Blvd
Oak Harbor, WA 98277

20-5634-TO

Escrow Number: 01348-44261

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

GNW 20-5634

STB-44261

DOCUMENTS TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Victor N. Jones and Marlene J. Jones Family Trust

GRANTEE(S):

THE PUBLIC

ABBREVIATED LEGAL DESCRIPTION:

Lot 19, SUNSET WEST

TAX PARCEL NUMBER(S):

P69937/4028-000-019-0009

202006050074



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-005791

LOCAL FILE NUMBER: 60-20

DATE ISSUED: 02/11/2020

FEE NUMBER: 70973980

FIRST AND MIDDLE NAME(S): VICTOR NILE
LAST NAME(S): JONES

COUNTY OF DEATH: ISLAND
DATE OF DEATH: FEBRUARY 01, 2020
HOUR OF DEATH: 10:00 AM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: REGENCY ON WHIDBEY
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277

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

RESIDENCE STREET: 14228 HEMLOCK PLACE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARS

BIRTH DATE: [REDACTED]
BIRTH PLACE: VISALIA, CA

FATHER: HOMER LONZO JONES
MOTHER: LOLA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARLENE JOYCE FINDLEY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: AIRLINE PILOT
INDUSTRY: AIRLINE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: FEBRUARY 10, 2020

INFORMANT: DAVID THOMAS JONES
RELATIONSHIP: SON
ADDRESS: 802 EDSON ST, LYNDEN, WA 98264

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

- CAUSE OF DEATH:
- A: RENAL FAILURE
INTERVAL: WEEKS
 - B: UROSEPSIS
INTERVAL: WEEKS
 - C: PROSTATE CANCER(2017) TREATED WITH RADIATION
INTERVAL: 2 YEARS
 - D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER 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 RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: JERALD SANDERS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 101 N MAIN ST
CITY, STATE, ZIP: COUPEVILLE, WA 98239
DATE SIGNED: FEBRUARY 03, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO MEICORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BARBARA COPE
DATE RECEIVED: FEBRUARY 10, 2020

DOH 422-132 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

WARRANT



Affidavit for Correction

06/05/2020 01:57 PM Page 3 of 3
Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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:

Table with 2 columns: The record now shows: (8, 10, 12, 14) and The true fact is: (9, 11, 13, 15)

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

16a. Signature: Printed name: Date:
16b. Signature of 2nd parent (if required): Printed name: Date:

INSTRUCTIONS - go to 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 using this form, 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). 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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.
Greg Stern MD

DOH 422-034 January 2015

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



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DUPLICATE