

**WHEN RECORDED RETURN TO:**

Land Title & Escrow  
Order No. 05-182153-OE

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
STATE OF WASHINGTON

**GRANTEE:**  
GENE OWEN HIGGINS

**ABBREVIATED LEGAL DESCRIPTION:**  
Ptn SW NE, 21-34-4.

**TAX PARCEL NUMBER(S):**  
340421-1-001-0081, P27079

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Form with fields for Local File Number (3868), Washington State Certificate of Death, State File Number, Legal Name (Gene Owen Higgins), Death Date (April 7, 2013), Sex (Male), Age (81), Birthplace (Friday Harbor), Decedent's Education (Bachelor's degree), Residence (109 Digby Road), Facility Name (Swedish Medical Center-First Hill Campus), Cause of Death (Cardiac arrest), and Certifying Physician (Ann Chen MD).

Part 1 completed by Funeral Director

Part 2 completed by Coroner

WARRANT



Affidavit for Correction 2/31/2020 08:45 AM Page 3 of 3

State 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

Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  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 Maiden Name (For Birth): (Wife for Marriage or Dissolution)

The Record is incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6. 7. 8. 9. 10. 11. 12. 13.

14. I represent the person as:  Self  Parent  Guardian  Informant  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:

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Table with 2 columns: Examples of documentary proof, and corresponding document types like Certificate of Naturalization, Hospital/Medical Record, etc.

Birth Certificates:

- 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.
2. The proof(s) must match exactly the asserted true fact(s).
3. Child (under 18)
4. Adult (18 years or older)

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
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.

Marriage/Dissolution (Divorce) Certificates:

- 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Signature of David Fleming, MD, Director and Health Officer

DOH/CHS 023a January 2012

APR 10 2015

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