



200706190083
Skagit County Auditor

6/19/2007 Page

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3 12:43PM

WHEN RECORDED RETURN TO:

Law Office Of
LAWRENCE A. PIRKLE
321 West Washington, Suite 300
Mount Vernon, Washington 98273
(360) 336-6587

DOCUMENT TITLE(S)

Washington State Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Release of quit claim Deed filed 12-15-04 under
Skagit County Auditor's File No. 200412150091

GRANTOR(S): STATE OF WASHINGTON

GRANTEE(S): Public

ABBREVIATED LEGAL DESCRIPTION:

That portion of Government Lot 4 section 21 and of
Government LOT 1 of section 22 Township 34 North,
Range 2 East, W.M.

TAX PARCEL NUMBER(S): P20610
340222-0-006-0006

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 248-07 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix EDNA RUTH KILGORE				2. Death Date Mar. 21, 2007	
3. Sex (M/F) Female	4a. Age - Last Birthday 90	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	
7. Birthdate	8a. Birthplace (City, Town, or County) Houston		8b. (State or Foreign Country) Texas		9. Decedent's Education Doctorate
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 15796 Snee-Oosh Road				13b. City or Town Lacomer	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98257
14. Estimated length of time at residence. 20 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) N/A	
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED). Music Teacher			18. Kind of Business/Industry (Do not use Company Name) Education		
19. Father's Name (First, Middle, Last, Suffix) Arnold Charles Kellersberger			20. Mother's Name Before First Marriage (First, Middle, Last) Alma		
21. Informant's Name Jenny C. Drews		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or R.F.D. No. City or Town State Zip 15118 Deception Rd., Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital: N/A			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: Daughter's Home		
25. Facility Name (if not a facility, give number & street or location) 15118 Deception Road			26a. City, Town, or Location of Death Anacortes		26b. State WA
27. Zip Code 98221		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Jerns Crematory		30. Location-City/Town, and State Bellingham, Washington			
31. Name and Complete Address of Funeral Facility Jerns Funeral Chapel, 800 E. Sunset Dr., Bellingham, WA 98225				32. Date of Disposition Mar. 30, 2007	
33. Funeral Director Signature X <i>Squad O. Rose</i>					

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. Cerebrovascular Accident	Interval between Onset & Death 2 days
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
Hypertension, Atrial Fibrillation

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes 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 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 checked="" type="checkbox"/> Probably <input 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)
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		

45. Location of Injury: Number & Street: Apt No.
City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated on the cause(s) and manner stated. X Nancy Llewellyn M.D.	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.
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Nancy Llewellyn, M.D., 2511 M AV, Anacortes, WA 98221	50. Hour of Death (24hrs) 2100
51. Name and Title of Attending Physician [if other than Certifier] (Type or Print)	52. Date Signed (MM/DD/YYYY) March 26, 2007
53. Title of Certifier Medical Doctor	54. License Number
55. ME/Coroner File Number NJA-076	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature X Corinne Anderson, Deputy	58. Date Received (MM/DD/YYYY) MAR 29 2007
59. Amendments	



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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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 one year of the date it was issued to receive a replacement copy free of charge.

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

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - 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.
 - 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

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

CERTIFIED*
 APR 02 2007
 Skagit County Public Health Department
 Howard Colbreck M.D., Health Officer

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 Skagit County Auditor

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