

When recorded return to:
Best & deVriesz PLLC
3909 California Avenue SW
Seattle, WA 98116



201007260021
Skagit County Auditor

7/26/2010 Page 1 of 3 8:51AM

Document Title:

Death Certificate

Reference Number:

200710240041

Grantor(s):

☐ additional grantor names on page ____

1. Fred Lionel Krohn (Decedent)

2.

Grantee(s):

☐ additional grantee names on page ____

1. William Frederick Krohn (Surviving Joint Tenant)

2.

Abbreviated legal description:

☐ full legal on page(s) ____

Lots 8, 9 and 10, Block 102, "City of Anacortes" according to the plat thereof in the office of the Auditor of Skagit County, Washington in Volume 2 of Plats, Page 4.

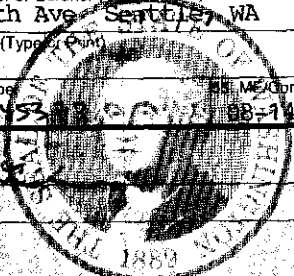
Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

3772-102-010-0002

STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number: 2677		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST FREDERICK LIONEL KROHN				2. Death Date Feb. 29, 2008	
3. Sex (M/F) Male	4a. Age - Last Birthday 89	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death King
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Oshkosh	8b. (State or Foreign Country) Wisconsin	9. Decedent's Education Some College credit, but no degree		
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? Yes	
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 6513 16th Avenue SW				13b. City or Town Seattle	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98106	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 50 years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Police Officer			18. Kind of Business/Industry (Do not use Company Name) Law Enforcement		
19. Father's Name (First, Middle, Last, Suffix) Frederick D. Krohn			20. Mother's Name Before First Marriage (First, Middle, Last) Julia B. [REDACTED]		
21. Informant's Name Kathryn Erickson		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 6519 16th Avenue SW Seattle WA 98106		
24. Place of Death, if Death Occurred in a Hospital: Residence			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Residence		
25. Facility Name (If not a facility, give number & street or location) 6513 16th Ave SW			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98106
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Seattle Service Group Crematory		30. Location-City/Town, and State Seattle, Washington	
31. Name and Complete Address of Funeral Facility Yarington's Funeral Home 10708 16th Ave SW Seattle, WA 98146					32. Date of Disposition March 7, 2008
33. Funeral Director Signature <i>[Signature]</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 minutes	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Atrial fibrillation		Interval between Onset & Death minutes	
		c. Congestive heart failure		Interval between Onset & Death months	
		d. Myocardial revascularization		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input 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 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, postmortem examination, 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) Michael Young MD 1100 9th Ave Seattle, WA				50. Hour of Death (24hrs) 1005	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (MM/DD/YYYY) 3/3/2008	
53. Title of Certifier MD		54. License Number W000053		55. ME/Coroner File Number 88-1442	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) MAR 14 2008	
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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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:
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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.

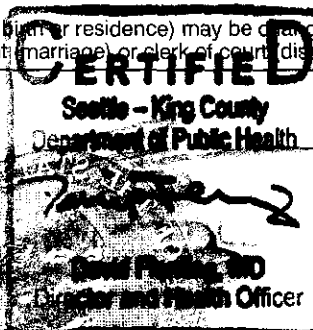
Marriage/Dissolution (Divorce) Certificates:

- 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.

DOH/CHS 023 (Rev. 9/2002)



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MAR 14 2008

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