

When Recorded Return to:

Aaron M. Rasmussen
Attorney at Law, P.S.
1101 8th St. Ste. A
Anacortes, WA 98221



201012010006

Skagit County Auditor

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Document Title:

DEATH CERTIFICATE

Reference Number: 9405160120

Grantor(s):

☐ additional grantor names on page ____.

1. ARNOLD RICHARD KLINGMAN, DECEASED

2.

Grantee(s):

☐ additional grantee names on page ____.

1. THE PUBLIC

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

ANACORTES LT 6 LESS W 1/2 OF N1/2 & S1/2 LT 7 & S 50FT LTS 8 TO 10 BLK 23 TGW N1/2
VAC ALLEY ADJ

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

3772-023-010-0109 / P55006

STATE OF WASHINGTON DEPARTMENT OF HEALTH

**OFFICE
USE
ONLY**

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health CERTIFICATE OF DEATH

146

6 40638

807

LOCAL FILE NUMBER

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. OUTRIES

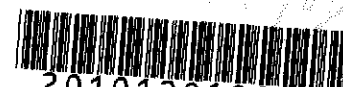
23.

24.

1. NAME First: ARNOLD Middle: RICHARD Last: KLINGMAN				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) 12/21/1996	
4. AGE LAST BIRTHDAY (Yrs) 85		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS: 85		7. BIRTHDATE (Mo, Day, Yr) 12/21/1911		8. BIRTHPLACE (City, State or Foreign Country) Sumas, WA	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Island Hospital			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (If wife, give maiden name) Marjorie T. Reed		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12): 11 College (1-4 or 5+): 11				13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fisherman				19. KIND OF BUSINESS OR INDUSTRY Commercial Fishing		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	
21. RACE (Specify) White				22. RESIDENCE—NUMBER AND STREET 2203 - 12th Street			
23. CITY/TOWN OR LOCATION Anacortes				24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skagit	
26. LENGTH OF RES. IN CO. 70 yrs				27. STATE WA		28. ZIP CODE 98221	
29. FATHER'S NAME—FIRST, MIDDLE, LAST Richard Klingman				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Grace [REDACTED]			
31. INFORMANT—NAME Marjorie Kingman				32. MAILING ADDRESS STREET OR RFD NO.: 2203 12th Street, Anacortes, WA CITY OR TOWN: 98221 STATE: WA ZIP: 98221			
33. BURIAL CREMATION REMOVAL, OTHER (Specify) Burial				34. DATE (Mo, Day, Yr) 1-04-1997		35. CEMETERY/CREMATORY—NAME Grandview Cemetery	
36. FLURAL DIRECTOR SIGNATURE <i>Joanne B. Evans</i>				37. NAME OF FACILITY Evans Funeral Chapel		38. LOCATION—CITY/TOWN, STATE Anacortes, WA	
39. ADDRESS OF FACILITY 1105 32nd St., Anacortes, WA, 98221				39. ADDRESS OF FACILITY			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
41. DATE SIGNED (Mo., Day, Yr) 12/23/1996				42. HOUR OF DEATH (24 Hrs) 0830		44. DATE SIGNED (Mo., Day, Yr)	
45. HOUR OF DEATH (24 Hrs)				46. DATE SIGNED (Mo., Day, Yr)		47. HOUR OF DEATH (24 Hrs)	
48. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Richard C. Kirkwood MD, 2601 M Avenue, Anacortes, WA 98221				49. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Richard C. Kirkwood MD, 2601 M Avenue, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER		49. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				INTERVAL BETWEEN ONSET AND DEATH Days			
A. Pneumonia, pneumonia				INTERVAL BETWEEN ONSET AND DEATH Days			
B. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH Days			
C. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH Days			
D. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH Days			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		61. DATE RECEIVED (Mo., Day, Yr.) 12/26/96	
62. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: 63. DATE RECEIVED (Mo., Day, Yr.) 12/26/96				64. DATE RECEIVED (Mo., Day, Yr.) 12/26/96			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)



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Skagit County Auditor

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Official Record Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 226-4300

Fill in and return to: Complete in ink and do not enter.
OFFICE USE ONLY

State of Washington Date Affidavit Number

For use by the person requesting any changes on the record.

Record Type ☐ Marriage ☐ Dissolution

1. Name of 2. Date of 3. Place of Event (City or County)

4. Father's Full Name 5. Mother's Full Name (Wife for Marriage or Dissolution)

6. The True fact is:

8. 10. 12.

14. I represent the person as Informant Telephone Number:

I declare under penalty of perjury and under oath that the foregoing is true and correct.

15. Signature: Date:

All vital records are registered and indexed. Subsequent changes must be made by court order.

Examples of information that may be changed with an affidavit:

1. Name (if it bears an effective date)

2. Date of birth (front and back)

3. Driver's license, Social Security card or a birth certificate (non-vital birth certificate).

Birth Certificate

1. The proof of birth certificate must show the name of the child as it appears on the birth certificate.

2. The proof of birth certificate must show the name of the child as it appears on the birth certificate.

3. Proof must be in the form of a birth certificate or a court order.

4. Up to age 18, the person may request a correction with an affidavit or correction provided:

5. The affidavit must be signed by the person or a parent or guardian of the person.

6. The affidavit must be signed by the person or a parent or guardian of the person.

Death Certificate

1. The medical examiner or physician must sign the affidavit.

2. The affidavit must be signed by the person or a parent or guardian of the person.

Marriage/Dissolution

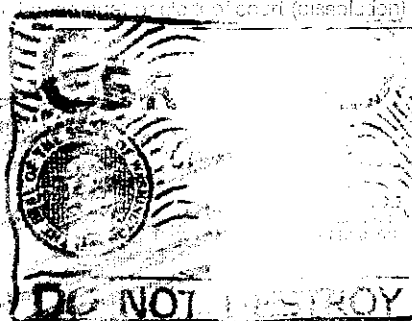
1. Personal name of person may be changed by affidavit with proof by the person.

2. To change date of birth, name, or place of birth, a court order is required.

DOR C-S (Rev. 5-11-10)



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