

RETURN DOCUMENT TO:

WHEN RECORDED, RETURN TO:
FIRST AMERICAN MORTGAGE SERVICES
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING



201101100226
Skagit County Auditor

1/10/2011 Page 1 of 4 12:07PM

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

DOCUMENT TITLE(S):

Death Certificate

AUDITOR FILE NUMBER (and VOL. & PG. NUMBERS) OF DOCUMENT(S) BEING ASSIGNED OR RELEASED:

Additional reference numbers can be found on page _____ of document.

GRANTOR(S): Sharon Ann Gehring - (Deceased)

Additional grantor(s) can be found on page _____ of document.

GRANTEE(S):

Additional grantee(s) can be found on page _____ of document.

ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township & range OR; unit, building and condo name).

Tract 2 Skagit Co. short Plat # 93-072
Vol 11 pg 2 PTN SE 1/4 NE 1/4 and
1/4

Additional legal(s) can be found on page _____ of document.

ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER:

P103765

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

NOTICE: RCW 65.04.047. Section 14: eff. 8/1/99

"I AM REQUESTING AN EMERGENCY NONSTANDARD RECORDING FOR AN ADDITIONAL FEE AS PROVIDED IN RCW 36.18.010. I UNDERSTAND THAT THE RECORDING PROCESSING REQUIREMENTS MAY COVER UP OR OTHERWISE OBSCURE SOME PART OF THE TEXT OF THE ORIGINAL DOCUMENT."

SIGNED BY: _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **773-10** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix
Sharon Ann Gehring

2. Death Date
09/04/2010

3. Sex (M/F)
Female

4a. Age - Last Birthday
60

4b. Under 1 Year
Months Days

4c. Under 1 Day
Hours Minutes

5. Sc

6. County of Death
Skagit

7. Birthdate

8a. Birthplace (City, Town, or County)
Bellingham

8b. (State or Foreign Country)
Washington

9. Decedent's Education
High School Graduate & Beauty School

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.
No

11. Decedent's Race(s)
Caucasian

12. Was Decedent ever in U.S. Armed Forces?
No

13a. Residence, Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)
20817 Echo Hill Road

13b. City or Town
Sedro Woolley

13c. Residence: County
Skagit

13d. Tribal Reservation Name (if applicable)

13e. State or Foreign Country
Washington

13f. Zip Code + 4
98284

13g. Inside City Limits?
☐ Yes ☐ No ☒ Unk

14. Estimated length of time at residence.
13 Years

15. Marital Status at Time of Death
Married

16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage).
Gerald Gehring

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).
Plastician

18. Kind of Business/Industry (Do not use Company Name)
Fiberglass

19. Father's Name (First, Middle, Last, Suffix)
John Brooks

20. Mother's Name Before First Marriage (First, Middle, Last)
Mary Jane

21. Informant's Name
Gerald Gehring

22. Relationship to Decedent
Husband

23. Mailing Address: Number and Street or RFD No City or Town State Zip
20817 Echo Hill Road, Sedro Woolley, WA 98284

24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital:
Decedent's Home

25. Facility Name (If not a facility, give number & street or location)
20817 Echo Hill Road

26a. City, Town, or Location of Death
Sedro Woolley

26b. State
WA

27. Zip Code
98284

28. Method of Disposition
Cremation

29. Place of Final Disposition (Name of cemetery, crematory, other place)
Moles Greenacres Crematory

30. Location-City/Town, and State
Ferndale, Washington

31. Name and Complete Address of Funeral Facility
Moles Bayview Chapel, 2465 Lakeway Drive, Bellingham, WA 98229

32. Date of Disposition
09/10/2010

33. Funeral Director Signature X *Paul V. Spinelli* Paul V. Spinelli

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.
Cause of Death (See instructions and examples)
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Lung Cancer** Interval between Onset & Death **2 years**
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. 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

36. Autopsy?
☐ Yes ☒ No

37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☐ No

38. Manner of Death
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female
☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
☒ Yes ☐ Probably ☐ No ☐ 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?
☐ Yes ☐ No ☐ Unk

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

46. Describe how injury occurred

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

48a. Certifying Physician - In the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
X *Andrew Kominsky*

48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Andrew Kominsky, MD, 4465 Cordata Pkwy, Bellingham, WA 98226

50. Hour of Death (24hrs)
0600

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY)
09/10/2010

53. Title of Certifier
M.D.

54. License Number
WA 46742

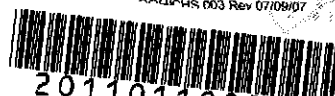
55. ME/Coroner File Number
160-10

56. Was case referred to ME/Coroner?
☒ Yes ☐ No

57. Registrar Signature
Theresa Marshall, Deputy

58. Date Received (MM/DD/YYYY)
09/10/2010

59. Amendments



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Skagit County Auditor

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4 12:07PM

Affidavit for Correction

Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709
(360) 226-4300

Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Date: _____ Initials: _____ Date: _____ Affidavit Number: _____

and the signor below for requesting any changes on the record.

1. Signature: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Signature of Marriage or Dissolution: _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

6. Record is incorrect or incomplete as follows: _____ The True fact is: _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. Signature: _____ 15. Address: _____

16. Signature: _____ 17. Address: _____

18. Signature: _____ 19. Address: _____

20. Signature: _____ 21. Address: _____

22. Signature: _____ 23. Address: _____

24. Signature: _____ 25. Address: _____

26. Signature: _____ 27. Address: _____

28. Signature: _____ 29. Address: _____

30. Signature: _____ 31. Address: _____

32. Signature: _____ 33. Address: _____

34. Signature: _____ 35. Address: _____

36. Signature: _____ 37. Address: _____

38. Signature: _____ 39. Address: _____

39. Signature: _____ 40. Address: _____

40. Signature: _____ 41. Address: _____

41. Signature: _____ 42. Address: _____

42. Signature: _____ 43. Address: _____

43. Signature: _____ 44. Address: _____

44. Signature: _____ 45. Address: _____

45. Signature: _____ 46. Address: _____

46. Signature: _____ 47. Address: _____

47. Signature: _____ 48. Address: _____

48. Signature: _____ 49. Address: _____

49. Signature: _____ 50. Address: _____

50. Signature: _____ 51. Address: _____

51. Signature: _____ 52. Address: _____

52. Signature: _____ 53. Address: _____

53. Signature: _____ 54. Address: _____

54. Signature: _____ 55. Address: _____

55. Signature: _____ 56. Address: _____

CERTIFIED

SEP 24 2010

Howard Leibrand

Skagit County Public Health Department
Howard Leibrand M.D., Health Officer



201101100226
Skagit County Auditor

TT00278337

EXHIBIT 'A'

File No.: **6839912n (kf)**

TRACT 2 OF SKAGIT COUNTY SHORT PLAT NO. 93-072 APPROVED OCTOBER 15, 1993, RECORDED OCTOBER 18, 1993, IN VOLUME 11, PAGE 2 OF SHORT PLATS, UNDER AUDITOR'S FILE NO. 9310180142 BEING A PORTION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 AND THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 21, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER, ACROSS AND UNDER THE SOUTH 60 FEET OF TRACT 4 OF SAID SHORT PLAT NO. 93-072, LYING WEST OF THE EAST LINE OF SAID TRACT 2 PRODUCED TO THE SOUTH LINE OF SAID TRACT 4.

ALSO TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER, ACROSS AND UNDER THAT CERTAIN 45 FOOT RADIUS CUL-DE-SAC AT THE SOUTHWEST CORNER OF TRACT 3 OF SAID PLAT NO. 93-072, AS DELINEATED ON THE FACE THEREOF.

TOGETHER WITH A MULTIWIDE MANUFACTURED HOME, Which is permanently affixed and attached to the land and is part of the Real Property and which, by intention of the parties shall constitute a part of the realty and shall pass with it:

**Year/Make: 1997/RIDGEDALE
L X W: 70 X 28
VIN #'s: 11823665A/B**

FOR INFORMATION ONLY:

TRACT 2 SKAGIT COUNTY SHORT PLAT # 93-072 VOL 11 PG 2 PTN SE1/4 NE1/4 & NE1/4 OF SE1/4 OF SEC 21 T36N R4E

A.P.N. P103765

 **GEHRING
43073180**

WA

**FIRST AMERICAN ELS
DEATH CERTIFICATE COPY**



**201101100226
Skagit County Auditor**