When Recorded Please Return To: LAWRENCE A. PIRKLE 321 W. Washington, Suite 300 Mount Vernon, WA 98273 (360) 336-6587



2/8/2012 Page

1 of

3 12:08PM

DOCUMENT TITLE(S): WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

200904130163

GRANTOR(S): HELEN MARGARET HUUS

GRANTEE(S):

PUBLIC

ABBREVIATED LEGAL DESCRIPTION: ISLAND VIEW PARK LOT 107

ASSESSOR PARCEL / TAX ID NUMBER: (P57642) 3798-000-107-0002

STATE OF WASHINGTON: DEPARTMENT OF HEALTH

J. Cartmel I Death Occurred in a hospital Al Place of Death, If Death Occurred Somewhere Other than a hospital Nursing Home Jag. Carty, Town, or Location of Death Place of Death, If Death Occurred Somewhere Other than a hospital Nursing Home Jag. Carty, Town, or Location of Death Anacortes Jag. Carty, Town, or Location of Death Anacortes Jag. Carty, Town, or Location of Death Northwest Cremation Northwest Crematio	Marie Marie Control of the Control	Washingt irst Middle	LAST		Suffix	2. Death Dat	e			
Security Burgers and any Service in Process of the Country of Double Security Manual Security			Dinte			Feb 2	2011		100	
Part	elen Ka Aneli	Margaret		der 1 Day	5. Social			6. County of	Death	12 1 1 m
Bit Claim or Trusper Courty Declarate	The state of the s	Months Days			es	,		Skagi	t	4
West Deceded of Hepanic Disposition (1999) 1999		. Birthplace (City, Town, or Count	ly) 8b. (State or	r Foreign Cour	ntry) 9.				- 41	1
Was Decodered Mappanic Organic (Namber and Street lea. 204 55 %), included Apr. No. Residence Number and Street lea. 204 55 %), included Apr. No. Residence Number and Street lea. 204 55 %), included Apr. No. Residence Courty 134 Tribul Reservation Name (repetation) 135 State or Perego Courtly 136 Zig Code 14 138 Inside Cit 1					Paneles	Docto	rate	11	2. Was Dec	edent ever in (
Residence Number and Street for, 6.45 as 5° St. Uniquide Are No. 180. Cay or Town Analogo 123. This discount of the process of the proc	Decedent of Hispanic Or	igin? (Yes or No) If yes, specify.						ľ		
### Residence County Facility Name of the Carte Center Facility Name of control (Section) Facility Name of Poeth Facility Name of Control (Section) F	O	eet (e.a. 624 SE 5 th St \ (Include Aa		Caucasi	.an		13b. City of	Town		
Feederbook County 13d. Tribul Reservation Name (# spikeable) 38. State of Foreign Columny 186. 221 187.	Latin March	<u>. </u>								
Excitation form of meanderings. 15. Martial Status at Time of Death 12. Years 13. Surviving Status of Potentials Part of the American Status at Time of Death 13. Years 14. Years 15. Martial Status at Time of Death 15. Years 16. Surviving Status of Death Status of Time of Death 17. Years 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death 18. Surviving Status of Death Status of Time of Death Status of Time of Death Status of Death Statu		13d. Tribal Reservation Ne	me (if applicable) 13e. State	or Fareign Coun	try		+4	_	
12 Years New Year Markind New Year Markind New Year State New Ye	agit				nington			name orior to fi		
Lucial Docupation (tricicate layer of which convoluting must all working tile, (po not use arrease) R. Kind of Businessindustry (po not use convolutions)	nated length of time at re			16. Survivi	ing Spouse's or t	xoniesuc Paru	ier s ivairie (Givo	natile prior to i	iat mamage,	,
Processor Control Co	Years	Never Mari	ried malife (DO HOT U	SE RETIREDI. 1	8. Kind of Busine	ss/Industry (De	o not use Company	Name)		
Father's Name (First, Mode), Last, Saffold Sacob Radvers son Hubby Sacob Radvers son Radvers Sacob Radvers	1, 10	3 Of Mark Collection and Lines in Morkin	ig inc. (construction		Univers:	ities				
Jacob Reaverson Huus Page	roressor per's Name (First Middle La	ast Suffix)		2	0. Mother's Name	Before First	Marriage (First, M	ddie Last)		-
Informatix Name 22. Relationship to Decedent 23. Malling Address. Number and distinct of the No. 5 5 5 5 5 5 5 5 5 5										
Piezo of Death, Pose and Courted in a Hospital:		22. Relationship to	o Decedent							98103
Place of Death (Clear Scale), your outlook a facility, your outlook and the proposition (Plane of Final Disposition (Plane of Center) (Plane of Center) (Plane of Final Disposition (Plane of Center) (Plane			<u> </u>						- ntr	30103
Facility Name (if not a facility, give number & street to foculton) San Juan Rehab & Care Center Northwest Creditary Rehab & Care Center San Juan Rehab	e of Death, if Death Occurred	in a Hospital:						. ,		
San Juan Rehab 5 Care Center	litu Nama (15 1 - 2 - 2 - 2	ive number & street or location)					ation of Death	26b. State	27. Zip (Code
Method of Disposition 28, Place of Final Disposition (Name of cembery, crematory, other pace) Anacortee, Washington Northwest Crematory Anacortee, Washington St. Date of Disposition Pebruary Anacortee, Washington Pebruary Anacortee, Washi			er Santar		Ana	cortes				21
Northwest Crematory Name and Complete Address of Funeral Facility Revans Funeral Chappel 4 Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 Funeral Director Signature X Cause of Death (See instructions and examples)		29. Place of Final Di	sposition (Name	a of cemetery,	crematory, other pla	ce)	1	-		
Name and Complete Address of Funest Facility Fexans Puneral Chapse J & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 Feynans Puneral Chapse J & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 Feynans Puneral Director Signature X Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respirator intricular fibrillation without showing the eliology. DO NOT ABIREVIATE. Add additional times in Greenseady. MEDIATE CAUSE (Final disease or addition resulting in death) Due to (or as a consequence of): Journal between the cause isset on line a. Enter the Desta (or as a consequence of): Journal Devices and Consequenc	•						Anacort			
Funeral Director Signature X Cause of Death (See instructions and examples)	ne and Complete Address	s of Funeral Facility					00001	Februa	ry 4,	2011
Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respirator intricular fibrillation without showing the eliology. DO NOT ABBREVIATE. Add additional times if necessary. MEDIATE CAUSE (Final disease or additional times if necessary. MEDIATE CAUSE (Final disease or additional times if necessary. Due to (or as a consequence of): Interval between the events resulting in death) Due to (or as a consequence of): Interval between the events resulting in death. Due to (or as a consequence of): Interval between the events resulting in the underlying cause given shove. 36. Autopsy? 37. Were autopsy finding complete the Cause of Death (and the events resulting in the underlying cause given shove. 38. Manner of Death Alatural Hornicle Pregnant within past year Not pregnant, but pregnant within 42 days before death 40. Did tohacco use of Dea	ns Funeral Chape	1 & Crematory, Inc.	1105 32nd	Street 1	Anacortes W	asnington	98221	L		
Cause of Death (See instructions and examples) Enter the chain of events – diseases, injuries, or complications – that directly caused the death. Do NOT enter terminal events such as cardiac arrest, respirator to tricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. MEDIATE CAUSE (Senad disease or difficult of the cause listed on line a. Enter the Dus to (or as a consequence of): Dus to (or as a consequence of):	eral Director Signature	X		· 1	600					
Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arriest, respirator intricular fibrillation without showing the ebiology. DO NOT ABBREVIATE. Add additional times if necessary. Interval between the properties of: Interval between the properties of: Interval between the cause listed on line a. Enter the Due to (or as a consequence of): Interval between the cause listed on line a. Enter the Due to (or as a consequence of): Interval between the cause listed on line a. Enter the Due to (or as a consequence of): Interval between the cause of Death of the significant conditions; contributing to death but not resulting in the underlying cause given above: Interval between the cause of Death of the significant conditions; contributing to death but not resulting in the underlying cause given above: Interval between the cause of Death of the significant conditions; contributing to death but not resulting in the underlying cause given above: Interval between the cause of Death of the cause of			Zum			-11				
No learning at initiated the events resulting in a statistical the events resulting in c. Due to (or as a consequence of):		y, leading b.							Interval bely	een Onset &
Due to for as a consequence of provided the events resulting in path)LAST Due to for as a consequence of provided the events resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy finding complete the Cause of D 40. Did tobacco us to death? 40. Did tobacco us tobacco us to deat				Due to (c	or as a consequence	uij.				
d. 5. Other significant conditions contributing to death but not resulting in the underlying cause given above 8. Manner of Death Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes 40. Did tobacco us to death? Yes 40. Did tobacco us to death? Yes 40. Did tobacco us to death? Yes Ye		in <u>c.</u>		Due to t	nr se a consequênc	of):			Interval betw	
8. Manner of Death Not pregnant within past year Not pregnant, but pregnant within 42 days before death Not pregnant within past year Not pregnant, but pregnant 43 days to 1 year before death Not pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Not pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Not pregnant within the past year Not pregnant 43 days to 1 year before death Not pregnant 45 days to 1 year before death Not pregnant within the past year Not pregnant within	ASI			240 10	and a second second	enemals.				reen Onset 🌢 🛚
8. Manner of Death Not pregnant within 42 days before death 40. Did tobacco us to death? 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded areas) 44. Injury at W yes No Not pregnant within 45 days to 1 year before death 40. Did tobacco us to death? 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded areas) 44. Injury at W yes No Not pregnant within the past year 12. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded areas) 44. Injury at W yes No Not pregnant within the past year 12. Hour of Injury at W yes No Not pregnant within the past year 12. Hour of Injury at W yes No Not pregnant within the past year 12. Hour of Injury at W yes No Not pregnant within the past year 12. Hour of Injury at W yes No Not pregnant within the past year 12. Hour of Injury at W yes Not pregnant within the past year 12. Hour of Injury at W yes Not Not pregnant, but pregnant within the past year 12. Hour of Injury at W yes Not Not pregnant within the past year 12. Hour of Injury at W yes Not Not pregnant within the past year 12. Hour of Injury at W yes Not Not pregnant within the past year 12. Hour of Injury at W yes Not Not pregnant within the past year 12. Hour of Injury at W yes Not Not Not pregnant within the past year 12. Hour of Injury at W yes Not		d.			المواصية المحمول					veen Onset 🌢 🛚
8. Manner of Death Salar Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Ves Ves Pending Undetermined Undetermined Unknown if pregnant 43 days to 1 year before death Not pregnant 43 days to 1 year before death Not pregnant 43 days to 1 year before death Not pregnant within the past year Yes Pending Unknown if pregnant within the past year Not pregnant within the past year Yes Pending Ves No Unknown if pregnant within the past year Not pregnant within the past year Yes Pending Ves No Unknown if pregnant within the past year Not pregnant within the past year Yes Pending Yes No No Unknown if pregnant within the past year Not pregnant within the past year Yes Pending Yes No No Unknown if pregnant within the past year Not pregnant within the past year Yes Pending Yes No No Unknown if pregnant within the past year Not pregnant within the past year Yes No No Unknown if pregnant within the past year Not pregnant within the past year Yes No No Unknown if pregnant within the past year Not pregnant within the pa			sulting in the Lin	idedving cau	ise given above	Samuel Control	36. Autopsy?			ings availab
8. Manner of Death Sp. If female Not pregnant, but pregnant within 42 days before death Not pregnant at 1 me of death Not pregnant at 3 days to 1 year before death Not pregnant at 1 me of death Not pregnant at 3 days to 1 year before death Not pregnant at 1 me of death Not pregnant at 3 days to 1 year before death Not pregnant at 1 me of death Not pregnant at 3 days to 1 year before death Not pregnant at 1 me of	ner significant conditions	POLITIONNES EN GESTIL DES HOLLSES	sulting in the un	iderlying cau	ise given above		1 '		e Cause o	ings availab f Death?
Not pregnant within past year Not pregnant within past year Not pregnant at time of death Not pregnant is time time of death Not pregnant is time of time in the time of time Not pregnant is time of time in the time of time Not pregnant is time in time of time Not pregnant is time in time of ti	ner <u>significant conditions</u> o	<u>rollinovnič to oesuri</u> por isot tes	sulting in the un	ndertying cau	ise given above		1 '	complete th	e Cause o	ings availab f Death? ■ No
Suicide Pending Unknown if pregnant within the past year AND Unknown if prednant is in pregnant in the past year AND Unknown is in pregnant in the past year AND Unknown is in pregnant in the past year AND Unknown is in pregnant in pregn		39. If female					☐ Yes 🖪 No	complete the	e Cause o Yes id tobacco	ings availab f Death? ■ No
1. Date of Injury (MMDDYYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded see) Yes No	nner of Death	39. If female Not pregnant within	n past year	☐ Not preq	nant, but pregnat	it within 42 da	☐ Yes ■ No	complete the	ie Cause o Yes id tobacco death?	ings availab f Death? ■ No
Apt No. State Zip Code+ 4	nner of Death tural Homicide cident Undetermin	39. If female Not pregnant within	n past year of death	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea	Yes No Yes No Yes before death year before dea	th SN	ie Cause of Yes id tobacco o death? es o	ings availab f Death? No use contribu Probably Unknown
ty or Town: County: State Zip Code+4	nner of Death tural Homicide cident Undetermin icide Pending	39. If female Not pregnant within Pregnant at time of	n past year of death	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea	Yes No Yes No Yes before death year before dea	th SN	ie Cause o Yes id tobacco o death? es Injury a	ings availab f Death? No use contribu Probably Unknown
8a. Certifying Physician. To the test of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 9. Name and Address of Certifier — Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbroten, M.D. 2511 M. Avenue, Suite B. Anacortes, WA. 98221 1. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (IMMODOY) Feb 2, 2011 3. Title of Certifier — MD00018028 53. Date Received (IMMODOYY) FEB 3. 2011 STATE FEB 3. 2011	nner of Death tural Homicide cident Undetermin icide Pending de of Injury (MMDDD7777)	39. If female 12. Not pregnant within Pregnant at time of	n past year of death	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea	Yes No Yes No Yes before death year before dea	th Y A4.	ie Cause o Yes id tobacco o death? es Injury a	ings availab f Death? No use contribu Probably Unknown
Ba. 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. Also, Medical Examiner/Coroner - On the basis of examination; and/or investigate operium, death occurred at the time, date, and operium, death occurred at the time	nner of Death tural Homicide cident Undetermin icide Pending de of Injury (MMDDD7777)	39. If female 12. Not pregnant within Pregnant at time of	n past year of death	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea construction sile.	Yes No Nys before death 1 year before dea 3r 7 restaurant, woodet	th SN Apt No.	e Cause of Yes id tobacco of death? es [o [o Injury a Yes]	ings availab f Death? No use contribu Probably Unknown
Ba. 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. 9. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbroten, M.D. 2511 M. Avenue, Suite B. Anacortes, WA. 98221 1. Name and Title of Attending Physician if other than Certifier (Type or Print) Teb 2, 2011 3. Title of Certifier Dr. MD00018028 58. Date Received (NMDDMTM) FEB 3, 2011 STATE MANNE STATE ST	nner of Death tural Homicide cident Undetermin cide Pending de of Injury (ммюрхүүү) cation of Injury: Number	39. If female Q Not pregnant within Pregnant at time of 1. Hour of 1 injury (24 hrs) & Street:	n past year of death 43. Place o	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea construction sile.	Yes No	do. D the large of	e Cause of Yes id tobacco o death? es [o [Injury a Yes [ings availab f Death? No use contribu Probably Unknown
9. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbroten, M.D. 2511 M. Avenue, Suite B. Anacortes, WA 98221 1. Name and Title of Attending Physician if other than Certifier (Type or Print) 3. Title of Certifier Dr. 4. Stalsbroten, M.D. 2511 M. Avenue, Suite B. Anacortes, WA 98221 56. Was case referred to ME/Coroner File Number Dr. 57. Registrar, Signalore 58. Date Received (MMDD0777) FEB. 3. 2011 58. Date Received (MMDD07777) FEB. 3. 2011	nner of Death tural Homicide cident Undetermin cide Pending de of Injury (ммюрхүүү) cation of Injury: Number	39. If female Q Not pregnant within Pregnant at time of 1. Hour of 1 injury (24 hrs) & Street:	n past year of death 43. Place o	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea construction sile.	Yes No No Nys before death year before dea reslaurant, woode 47. If transporta	Apt No. Zip Code+ 4. tion injury, sp	e Cause of Yes id tobacco o death? es [o [Injury a Yes []	ings availab f Death? No use contribu Probably Unknown
9. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbroten, M.D. 2511 M. Avenue, Suite B. Anacortes, WA 98221 O915 1. Name and Title of Attending Physician if other than Certifier (Type or Print) 3. Title of Certifier Dr. S4. License Number MD00018028 STAT S8. Date Received (MM000771) S8. Date Received (MM000771) S8. Date Received (MM000771) S8. Date Received (MM000771) S9. STAT S8. Date Received (MM000771) S9. STAT S9. Date Received (MM000771) S9. STAT S9. Date Received (MM000771) S9. Date Received (MM000771)	nner of Death tural Homicide cident Undetermin cide Pending de of Injury (ммюрхүүү) cation of Injury: Number	39. If female Q Not pregnant within Pregnant at time of 1. Hour of 1 injury (24 hrs) & Street:	n past year of death 43. Place o	☐ Not preg	gnant, but pregnar gnant, but pregnar on if pregnant with	nt 43 days to 1 in the past yea construction sile.	Yes No No Nys before death year before dea reslaurant, woode 47. If transporta Driver/Oper	Apt No. Zip Code+ 4- tition injury. si	e Cause of Yes id tobacco o death? es [o [Injury a	ings availab f Death? No use contribu Probably Unknown Work? No
Oliver L. Stalsbroten, M.D. 2511 M. Avenue, Suite B. Anacortes, WA. 98221 1. Name and Title of Attending Physician if other than Certifier (Type or Print) 3. Title of Certifier Dr. MD00018028 54. License Number MD00018028 55. ME/Coroner File Number S6. Was case referred to ME/Coroner File Number S8. Date Received (MM00000000000000000000000000000000000	nmer of Death tural	39. If female Not pregnant within Pregnant at time of 42. Hour of Injury (24hrs) & Street:	n past year of death 43. Place o	☐ Not preg ☐ Not preg ☐ Unknown of Injury (e.g	gnant, but pregnat gnant, but pregnat n if pregnant with Decedent's home, o	nt 43 days to 1 in the past year construction sile. State:	Yes No nys before death I year before dea restaurant, woodet 47. If transports Driver/Oper Passenger	Apt No. Zip Code+ 4: tipn injury, si attor P of examination:	e Cause of Yes id tobacco of death? es [o	ings availab f Death? No use contribu Probably Unknown Unknown Unknown Unknown Work? No Un
Oliver L. Stalsbroten, M.D 2511 M Avenue, Suite B Anacortes, WA 98221 Journal of Attending Physician if other than Certifier (Type or Print) St. Date Signed IMMOOV Feb 2, 2011 St. License Number	nmer of Death tural	39. If female Not pregnant within Pregnant at time of 1 purple. 42. Hour of 1 purple (24 hrs) & Street: d be best of my knowledge, death occurrence reachers stated.	n past year if death 43. Place o County:	☐ Not preg☐ Not preg☐ Unknown Injury (e.g.,	gnant, but pregnat gnant, but pregnat n if pregnant with Decedent's home, of A8b. Medical Ex- opinion, death	nt 43 days to 1 in the past year construction sile. State:	Yes No nys before death I year before dea restaurant, woodet 47. If transports Driver/Oper Passenger	Apt No. Zip Code+ 4: tipn injury, si attor P of examination:	e Cause of Yes id tobacco of death? es [o	ings availab f Death? No use contribu Probably Unknown Unknown Unknown Unknown Work? No Un
1. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed IMMODON: Feb 2, 2011 3. Title of Certifier Dr. 7. Registrar, Signalore FEB 3 2011 S8. Date Received IMMODON: FEB 3 2011	nmer of Death tural	39. If female Not pregnant within Pregnant at time of 1 purple. 42. Hour of 1 purple (24 hrs) & Street: d be best of my knowledge, death occurrence reachers stated.	n past year if death 43. Place o County:	☐ Not preg☐ Not preg☐ Unknown Injury (e.g.,	gnant, but pregnat gnant, but pregnat n if pregnant with Decedent's home, of A8b. Medical Ex- opinion, death	nt 43 days to 1 in the past year construction sile. State:	Yes No nys before death I year before dea restaurant, woodet 47. If transports Driver/Oper Passenger	Apt No. Zip Code+ 4. Lition injury, si ator. □ O	e Cause of Yes id tobacco of tobacco of the Yes id tobacco of the	ings availab f Death? No use contribu Probably Probably Owork? No Ur ffy)
1. Name and Title of Attending Physician if other than Certifier Type of Philip 3. Title of Certifier Dr. MD00018028 55. ME/Coroner File Number S6. Was case referred to ME/Coroner File Number WB00018028 58. Date Received (MMD00777) FEB 3 2011	nmer of Death tural	39. If female Q Not pregnant within Pregnant at time of 1 Pregnant at time of 42. Hour of 1 Pregnant at time of 1 Pre	n past year of death 43. Place o County: uned at the time. o	☐ Not preg☐ Not preg☐ Unknown Injury (e.g.,	gnant, but pregnationant, but pregnation if pregnant with, Decedent's home, of the pregnation of the principal state of the pregnation of th	nt 43 days to 1 in the past yes construction site. State: State: amniner/Coron occurred at the	Yes No No Nos before death I year before death I year before death I year before death I year before death I priver/Oper Passenger Nor Oper Passenger Nor Oper Passenger Nor Oper Passenger	Apt No. Zip Code+ 4. tition injury, si ator	e Cause of Yes id tobacco o death? es Cause of Linjury al Yes Decify: addestrian ther (Spec and/or investing cause(s)	ings availab f Death? No use contribu Probably Probably Owork? No Ur ffy)
3. Title of Certifier Dr. MD00018028 54. License Number MD00018028 55. ME/Coroner File Number S6. Was case referred to ME/C Yes T. Registrar, Signalore FEB 3 2011	nmer of Death tural	39. If female Not pregnant within Pregnant at time of Pregnant at time of 1 pury (24 hrs) & Street: d be best of my knowledge, death occurrence stated. Show the present of the prese	County: County: A3. Place o	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnationant, but pregnation if pregnant with, Decedent's home, of the pregnation of the principal state of the pregnation of th	nt 43 days to 1 in the past yes construction site. State: State: amniner/Coron occurred at the	Yes No No Nos before death I year before death I year before death I year before death I year before death I priver/Oper Passenger Nor Oper Passenger Nor Oper Passenger Nor Oper Passenger	Apt No. Zip Code+ 4- tition injury, si ator P of examination: 50. Hour o	e Cause of C	ings availab f Death? No use contribu Probably Unknown (Work? No Ur
Dr. MD00018028 57. Registrar, Signalore FEB 3 2011	nmer of Death tural	39. If female Not pregnant within Pregnant at time of Pregnant at time of 1 pury (24 hrs) & Street: d be best of my knowledge, death occurrence stated. Show the present of the prese	County: County: A3. Place o	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnationant, but pregnation if pregnant with, Decedent's home, of the pregnation of the principal state of the pregnation of th	nt 43 days to 1 in the past yes construction site. State: State: amniner/Coron occurred at the	Yes No No Nos before death I year before death I year before death I year before death I year before death I priver/Oper Passenger Nor Oper Passenger Nor Oper Passenger Nor Oper Passenger	Apt No. Zip Code+ 4- tition injury, si ator P of examination: a, and out to 5 50. Hour o 091.5	e Cause o Cause o Yes Id tobacco o death? es Injury a Yes Decify: edestrian ther {Spec and/or invertie cause(s) I Death (24	ings availab f Death? No use contribu Probably Unknown Work? No Un
FEB 3 2011	nmer of Death tural Homicide cident Undetermin ticide Pending fe of Injury (MMDD/YYY) cation of Injury: Number Town: scribe how injury occurre certifying Physician-To is ace and due to the cause(s) ace and due to the cause(s) turne and Address of Certify Dliver L. Stals imme and Title of Attending	39. If female Not pregnant within Pregnant at time of Pregnant at time of 1. 42. Hour of Injury (24hrs) & Street: d be best of my knowledge, death occurrence stated. fier - Physician, Medical Examine broten, M.D 2511 Mg Physician if other than Certifie	County: 43. Place o County: ared at the time. c A Negroup or Print	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnat gnant, but pregnat in if pregnant with Decedent's home, of A8b. Medical Ex- opinion, death X	nt 43 days to 1 in the past yes construction site. State: saminer/Coron occurred at the s. WA 98:	Yes No Nys before death I year before death I year before death I restaurant, wooder 47. If transporta Driver/Oper Passenger Ner - On the basis tame, date, and that	Apt No. Zip Code+ 4 tition injury, si attor. P 0 fexamination: 20 dexamination: 20 dexamin	e Cause of Yes id tobacco o death? es Conjunt of Injuny and Yes Death (24 and/or investie causels) i Death (24 and/or investie causels)	ings availab f Death? No use contribu Probably Unknown Work? No Un fy) hrs)
Thank Thanstall, Deputy 18 3 2011	mer of Death tural Homicide cident Undetermin ticide Pending fe of Injury (MMDD/YYY) cation of Injury: Number Town: scribe how injury occurre certifying Physician-To it ace and due to the cause(s) ace and due to the cause(s) liver L. Stals ame and Tille of Attending	39. If female Not pregnant within Pregnant at time of 42. Hour of Injury (24hrs) & Street: a best of my knowledge, death occurrence stated, Street: Stree	County: 43. Place o County: 43. Place o County: 43. Place o County: 44. Avenue 45. Avenue 47. Type or Print	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnat gnant, but pregnat in if pregnant with Decedent's home, of A8b. Medical Ex- opinion, death X	nt 43 days to 1 in the past yes construction site. State: saminer/Coron occurred at the s. WA 98:	Yes No Nys before death I year before death I year before death I restaurant, wooder 47. If transporta Driver/Oper Passenger Ner - On the basis tame, date, and that	Apt No. Zip Code+ 4 tion injury. si ator. P O of examination: e. and cuc to 1 50. Hour o O of St. Date S Feb. Was case re	e Cause of Yes id tobacco o death? es Confirmed in Injury and Yes Cause (s) Injury and or investigation of Death (24 cause (s) igned (MMC) 2, 201 ferred to N	ings availab f Death? No use contribu Probably Unknown Work? No Un fy) hrs)
	nmer of Death tural	39. If female QNot pregnant within Pregnant at time of Pregnant at time of 1 Pregnant at time of 42. Hour of Injury (24hrs) & Street: d be best of my knowledge, doesn occur granner stated. Street: Granner stated. Street: Granner stated. Street:	County: 43. Place o County: 43. Place o County: 43. Place o County: 44. Avenue 45. Avenue 47. Type or Print	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnat gnant, but pregnat in if pregnant with Decedent's home, of A8b. Medical Ex- opinion, death X	nt 43 days to 1 in the past yes construction site. State: saminer/Coron occurred at the s. WA 98:	Yes No No Nys before death I year before death I transports I priver/Oper I Passenger Ner On the basis inne, date, end plat I year 221	Apt No. Zip Code+ 4: tition injury, si ator P Code Se and our to Se 20 Date Se 20 Was case re	the Cause of Area of A	ings availab f Death? No use contribu Probably Unknown Unknown Work? No Un ffy) iligation, in phy and marrier s payyyyy II II IE/Coroner?
The American	nmer of Death tural	39. If female QNot pregnant within Pregnant at time of Pregnant at time of 1 Pregnant at time of 42. Hour of Injury (24hrs) & Street: d be best of my knowledge, doesn occur granner stated. Street: Granner stated. Street: Granner stated. Street:	County: 43. Place o County: 43. Place o County: 43. Place o County: 44. Avenue 45. Avenue 47. Type or Print	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnat gnant, but pregnat in if pregnant with Decedent's home, of 48b. Medical Ex- opinion, death X int) B Anacorte:	nt 43 days to 1 in the past yes construction site. State: saminer/Coron occurred at the s. WA 98:	Yes No No Nys before death I year before death I transports I priver/Oper I Passenger Ner On the basis inne, date, end plat I year 221	Apt No. Zip Code+ 4: tition injury, si ator P Code Se and our to Se 20 Date Se 20 Was case re	the Cause of Area of A	ings availab f Death? No use contribu Probably Unknown Unknown Work? No Un ffy) iligation, in phy and marrier s payyyyy II II IE/Coroner?
	Inner of Death tural	39. If female QNot pregnant within Pregnant at time of Pregnant at time of 1 Pregnant at time of 42. Hour of Injury (24hrs) & Street: d be best of my knowledge, doesn occur granner stated. Street: Granner stated. Street: Granner stated. Street:	County: 43. Place o County: 43. Place o County: 43. Place o County: 44. Avenue 45. Avenue 47. Type or Print	☐ Not preg☐ Not preg☐ Unknown If Injury (e.g., date, and (Type or Pril Suite 8	gnant, but pregnat gnant, but pregnat in if pregnant with Decedent's home, of 48b. Medical Ex- opinion, death X int) B Anacorte:	nt 43 days to 1 in the past yes construction site. State: saminer/Coron occurred at the s. WA 98:	Yes No No Nys before death I year before death I transports I priver/Oper I Passenger Ner On the basis inne, date, end plat I year 221	Apt No. Zip Code+ 4: tition injury, si ator P Code Se and our to Se 20 Date Se 20 Was case re	the Cause of Area of A	ings availab f Death? No use contribu Probably Unknown Unknown Work? No Un ffy) iligation, in phy and marrier s payyyyy II II IE/Coroner?



2/8/2012 Page

2 of

3 12:08PM

Was D.	Bankar og Sylver		Common Tear Thealth Examistics Por Long 19817	
		9.30 . 9.30 34. <u>8.3364 . 65. 7</u> 9.50 . 9.86. 86	Temps of Services 19814 Obs. Affec. (Services 1992)	
		We dine Y	Afidevit Number	
		il er e vegelge <mark>a o</mark> z		
		1000 1000 1000 1000 1000 1000 1000 100	Liseviution	
		on the day of which	ি, পিছতে আ উপ্তত্ন (Gry or County))
		Property Manage	Por Bir in India his Bran age to Oir equition)	
	inger Notes et alle alle alle	i in ispere as takow	5.	
16.		·	The True total is	
	2			
		i)		
14. Legreser (identity) and the Park at 1		les Manages	n: Teleptione Number:	
didada bu bisa sensary sake a company ta		hangin the defor	going is true and correct.	
no. Signarule. I'i ti ter		\$1. 		
Al attitude conservation production in Attitude	ti in a consideration of the c	over the state of	nges must be made by court order.	
Entire the speak that is a first state of the second of the second speak that is a second sec		Harabel Tr	anscribts egistration Operi (fill tibeers en effective dato)	
Ale Contraction		—— y^^\ —— Allen Rog	grandor (bard (hirt sams an enecuve dab) Istration Card (hort and babk) I accept Oriver's License (Boald Sacurity bard	dora
	and the second s		ssued cocordive Linh cerahosie.	
property of the second second second second		A Section 1000 to	rança (hip bildh da Micare). To Mary Ave Dag Broadha prepi sevel shawri	ida e
the manner of her where Advances in the entire energy in the ener	. Ali Salik Kili karan da karan Kili k	in the sylapy Analydy.	is wary Francisca, along the proof float show t	.110
Proof taus balding the condition of the conditions Up to ago only the peak past of the anguentist	vinas or Liigo ina dello o ko	าว carco ไปรักษา alligiblyก็ for	conscilion, provided:	
This is considered their thinds of asset as The rewrites in the control of conditions	maiorecarriero, fethoris nem	e (i present ซการ์ลิเฮลิกมีโดย	պեխer any combination of the two.	
emetal en une raper i recos	·		r spoking changes may be made with an affid	lavd
 S. Paremi(s) is a manager than in this above on the Philosophic manner on a present as a first state. 	dio name by observating are at to a first the dicester fills	. signing an affidavibjor com a thu paternity of fidavit	rrestropr(until their child's 18th birthday). form'DON/CHS 921)	
Dook Carriersks		commendation of the contrast of the con-		

informa cer

The medical fallonic leads to the reformacy by changed only by the centifying physician or the colonge imedical examplines

1 Till na real grant programment of the state produce contact the blandy hoods a deposit rest where the death occurred to make changes.

Personal hottp, (n. o.g., pering one geals), amount is unusua of tight or residence) may be changed by affigavit with proof by the person.

To changs it with the statement agreements at the obligion (interrugation carbon court (dissolution) must sign the affidavit.

OOF CHS 023a 6/11/10



Skagit County Auditor

2/8/2012 Page

3 of

3 12:08PM



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

UU00007554