



201607130037

FILED FOR RECORD AT REQUEST OF:

Skagit County Auditor
7/13/2016 Page

\$35.00
1 of 3 1:28PM

Elder Law Offices of Barry M. Meyers
2828 Northwest Avenue
Bellingham, WA 98225

COVERSHEET

Certificate of Death

REFERENCE NUMBER OF RELATED DOCUMENT:

201602190008

ASSESSOR=S PROPERTY TAX PARCEL ACCOUNT NUMBER: P54253

GRANTOR: Karen L. Knoshaug

GRANTEES: Suzanne M. Knoshaug

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 2934
JUL 13 2016

Amount Paid \$
Skagit Co. Treasurer
By MB Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-086549

DATE ISSUED: 02/22/2016

FEE NUMBER: 0000000029

GIVEN NAMES: KAREN LYNN
LAST NAME: KNOSHAUG

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 13, 2016
HOUR OF DEATH: 10:45 A.M.
SEX: FEMALE
AGE: 59 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 31, 1957
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: NEVER MARRIED
SPOUSE: NOT APPLICABLE

OCCUPATION: MEDICAL TECHNOLOGIST
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: SUZANNE MARIE KNOSHAUG
RELATIONSHIP: SISTER
ADDRESS: 1003 S. 16TH STREET, MOUNT VERNON, WA, 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1003 SOUTH 16TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1003 SOUTH 16TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER/PARENT: ELROY ORRIN KNOSHAUG
MOTHER/PARENT: JOAN MONTAGUE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 18, 2016

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:
A. UTERINE CANCER
INTERVAL: 5/2014
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

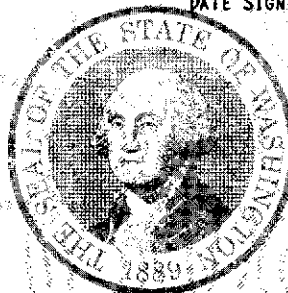
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: AMY BROCKMEYER MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1100 NINTH AVE.
CITY, STATE, ZIP: SEATTLE WA 98101
DATE SIGNED: FEBRUARY 17, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 103
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 17, 2016

From: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-7300

STATE OFFICE USE ONLY

Afternoon

3. Face of Earth

☐ Other (specify): _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

3

55. Signature of 2nd parent (if required)

Date:

* Current Permanent Resident card (I-666)

[illegible]

CERTIFIED

752 22 2016

Heinrich

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