

When recorded return to:
Kathleen J. Nuessen
P. O. Box 711
Burlington, WA 98233



201608080148

Shagb County Auditor

\$36.00

8/8/2016 Page

1 of

4 1:38PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620027665

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Washington, State of

☐ Additional names on page _____ of document

GRANTEE(S)

Alfred B. Cruse

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Ptn Govt Lot 1 07-34-4E Tax/Map ID(s):

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P23955 / 340407-0-042-0009

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.15.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-016926

DATE ISSUED: 05/13/2016

FEE NUMBER: 0000000029

GIVEN NAMES: ALFRED BRUCE
LAST NAME: CRUSE

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 23, 2016
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEDRO-WOOLLEY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: POLE PEELER
INDUSTRY: LUMBER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: BARBARA J. ROBACK
RELATIONSHIP: DAUGHTER
ADDRESS: 227 SOUTH DEL RANCHO, MESA, AZ 85208

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 13013 PULVER ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 13013 PULVER ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 56 YEARS

FATHER/PARENT: ALFRED BRUCE CRUSE SR.
MOTHER/PARENT: ALICE MAXINE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 26, 2016

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:

A. SELF INFLICTED GUN SHOT WOUND TO THE HEAD
INTERVAL: IMMEDIATE

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: APRIL 23, 2016
HOUR OF INJURY: UNKNOWN
INJURY AT WORK? NO
PLACE OF INJURY: BACK YARD OF RESIDENT

LOCATION OF INJURY: 13013 PULVER RD.

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED:
SELF INFLICTED GUN SHOT WOUND

MANNER OF DEATH: SUICIDE
AUTOPSY: NO

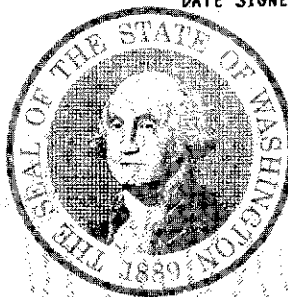
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ORLAND D. FREEMAN
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 24, 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: 080-16

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 25, 2016



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record:	2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
	7. Return Mailing Address:		
Telephone Number: ()		Email Address:	

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

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):		
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match the asserted fact(s).** For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

MAY 13 2016

Howard Lebrand
Skagit County Health Department
Howard Lebrand M.D., Health Officer

EE00085901

EXHIBIT "A"

Order No.: 620027665

For APN/Parcel ID(s): P23955 / 340407-0-042-0009

That portion of Government Lot 1, Section 7, Township 34 North, Range 4 East, of the W.M., described as follows:

Beginning at a point 20 feet east and 20 feet south of the northwest corner of said Government Lot; thence south parallel with the west line of said Lot 80 feet; thence east 100 feet; thence north parallel with the west line of said Lot 80 feet, more or less, to a point 20 feet south of the north line of the Lot; thence west 100 feet to the point of beginning. Except dike and ditch right of way, if any.

AND TOGETHER WITH

That portion of Government Lot 1, Section 7, Township 34 North, Range 4 East, of the W.M., described as follows:

Beginning at a point 20 feet east of the northwest corner of said Government Lot; thence south parallel with the west line of said Lot, 83 feet, thence east 100 feet to the true point of beginning; thence north parallel with the west line of said lot, 83 feet, more or less, to the North line of said Lot; thence East 160 feet; thence South 83 feet; thence West 160 feet more or less to the true point of beginning.

Situate in Skagit County, Washington