When recorded return to:
Donna Reed
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

201608190149
Skagit County Auditor $34.00
3/19/2016 Page 1 of 2 4:04PM

Filed for record at the request of:
CHICAGO TITLE
COMPANY OF WASHINGTON
425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
620028492

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)
Stanley Wayne Ekstrom
☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION
Unit(S): 8 Condo: FIDALGO MARINA CONDO Tax/Map ID(s):

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)
P102514 / 4599-000-008-0007

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 36.18.010 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 CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3052015182769 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO CHANGES, WHITEOUTS OR ALTERATIONS
VS-11(REV 2/08)

3201530014015 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
STANLEY	WAYNE	EKSTROM

3(a). ALSO KNOWN AS - Include (a) AKA (FIRST, MIDDLE, LAST)	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
-	06/13/1948	67			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	570-68-4764	[ ] YES [X] NO [ ] UNK	DIVORCED	08/20/2015	1115

13. EDUCATION - Highest Level Completed (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[ ] YES _____ [X] NO	WHITE

17. USUAL OCCUPATION - Type of work in most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
BUSINESS OWNER	INDUSTRIAL FINISHES	49

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
132 S BAY FRONT				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
NEWPORT BEACH	ORANGE	92662	55	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
MEGAN EKSTROM, DAUGHTER	7586 BLUE COPPER CT, LAS VEGAS, NV 89113

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
MARVIN	WILLIAM	EKSTROM	CA
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MARGARET	-	LYDDON	IL

FUNERAL DIRECTOR / LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
09/24/2015	RES MEGAN EKSTROM 7586 BLUE COPPER CT, LAS VEGAS, NV 89113	
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**	**43. LICENSE NUMBER**
CR/TR/RES	▶ NOT EMBALMED	-
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER** / **46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
ROSE HILLS MORTUARY	FD970 / ▶ ERIC G. HANDLER, M.D.	09/22/2015

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/ITC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
ORANGE	1 HOAG DR	NEWPORT BEACH

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) ACUTE RESPIRATORY FAILURE	(a) MIN	[ ] YES [X] NO
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) BILATERAL PNEUMONIA	(b) DAYS	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(c) SMALL CELL LUNG CANCER	(c) YEARS	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(d)	(d)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED. FROM THE CAUSES STATED. Decedent Attended Since / Decedent Last Seen Alive

(A) mm/dd/ccyy	(B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
08/12/2015	08/20/2015	▶ HUBERT EMERY SIE M.D.	A77905	09/18/2015

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: HUBERT EMERY SIE M.D. 1 HOAG DR, NEWPORT BEACH, CA 92663

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK | 121. INJURY DATE mm/dd/ccyy | 122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, roadside area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER ▶ | 127. DATE mm/dd/ccyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		PAX AUTH.#	CENSUS TRACT
						01000100304032G		

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

Tony Agurto

TONY AGURTO, MPA
STATE REGISTRAR OF VITAL RECORDS

OCT 14 2015

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This copy not valid unless prepared on engraved border displaying seal and signature of State Registrar.

(Rev. 12/13)

SEAL OF THE STATE OF CALIFORNIA — EUREKA

CDPH California Department of PublicHealth