

When recorded return to:
Chicago Title Company
425 Commercial Street
Mount Vernon, WA 98273



Skagit County Auditor \$35.00
9/7/2016 Page 1 of 3 1:42PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620027577

DOCUMENT TITLE(S)

Death Certificate

CHICAGO TITLE
620027577

GRANTOR(S)

Washington, State of

GRANTEE(S)

Richard J. Penrod

ABBREVIATED LEGAL DESCRIPTION

Lot(s): W1/2 Lot 3 and all Lots 4 Block: 1005 , NORTHERN PACIFIC ADDITION
TO ANACORTES

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P105254 / 3809-005-005-0100

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 WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146 3 21551
STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

526-03

LOCAL FILE NUMBER

1. DISTRICT	1. NAME First: Richard Middle: J Last: Penrod			2. SEX (M / F) M	3. DEATH DATE (Mo., Day, Yr.) Jun 19, 2003
2. COPIES	4. AGE LAST BIRTH DAY (Yrs.) 74	5. UNDER 1 YEAR MO. 03 DAYS 15 HOURS 45 MINS	6. UNDER 1 DAY HOURS 00 MINS 00	7. BIRTHDATE (Mo., Day, Yr.) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Provo, UT
3. HOSPITAL	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes			10. COUNTY OF DEATH Skagit	
4. OCCURRENCE	11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERS. ROOM/UTM <input type="checkbox"/> HOSP. <input type="checkbox"/> INUR HOME <input type="checkbox"/> OTHER PLACE 3508 West 3rd	
5. RESIDENCE	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married			16. SOCIAL SECURITY NO. [REDACTED]	
6. TRACT	15. SURVIVING SPOUSE (If wife, give maiden name) Loretta Lou Keithahn			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 4 College (13-16 or 5+): 4	
7. OCCUPATION	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED.) Finance Officer		19. KIND OF BUSINESS OR INDUSTRY Education		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
8	22. RESIDENCE — NUMBER AND STREET 3508 West 3rd		23. CITY/TOWN OR LOCATION Anacortes	24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Skagit
9	28. FATHER'S NAME — FIRST, MIDDLE, LAST Max (nmn) Penrod		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Anne [REDACTED]		
10	30. INFORMANT — NAME Loretta Lou Penrod		31. MAILING ADDRESS 3508 West 3rd, Anacortes, WA 98221		
11	32. BURIAL CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo., Day, Yr.) Jun 20, 2003	34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA
12	36. FUNERAL DIRECTOR SIGNATURE <i>Joseph W. [Signature]</i>		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-
13	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
14	39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Robert Clark - Deputy Coroner</i>	
15	40. DATE SIGNED (Mo., Day, Yr.)	41. HOUR OF DEATH (24 Hrs.)	44. DATE SIGNED (Mo., Day, Yr.) 6/19/03	45. HOUR OF DEATH (24 Hrs.) Approx 1000 hrs	
16	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			46. PHONOUNCED DEAD (Mo., Day, Yr.) 6/19/03	47. HOUR PHONOUNCED DEAD (24 Hrs.) 1310
17	48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dept Coroner Robert Clark Skagit Count Courthouse, Mount Vernon, WA 98273				49. MEDICORNER FILE NUMBER 090-03
18	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
19	IMMEDIATE CAUSE (Final disease or condition resulting in death) A Massive Head Trauma			INTERVAL BETWEEN ONSET AND DEATH Seconds	
20	DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B Gunshot Wound			INTERVAL BETWEEN ONSET AND DEATH Seconds	
21	51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. Clinical Depression			INTERVAL BETWEEN ONSET AND DEATH	
22	54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) Suicide			52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
23	55. INJURY DATE (Mo., Day, Yr.) 6/19/03	56. HOUR OF INJURY (24 hrs) Approx 1000 hrs	57. DESCRIBE HOW INJURY OCCURRED. Self-administered single gunshot wound to the head		
24	58. INJURY AT WORK? (Yes / No) No	59. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG, ETC. (Specify) Home			
25	60. RECORD AMENDMENT (Registrar use only) ITEM 4 DOCUMENTARY EVIDENCE REVIEWED BY [Signature] DATE 6/24/03				63. DATE RECEIVED (Mo., Day, Yr.) JUN 24 2003

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Form only) (5/95)





Affidavit for Correction

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

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

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

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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: _____ Date: _____

16b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to _____ 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 (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, must be certified court order proving guardianship
 - Up to age one, the name can be changed once to either parents' name on certificate (no 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 executor/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 reporting 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 of place of marriage or dissolution, the clerk of the marriage or clerk of court (dissolution) must complete and submit this affidavit.

NOTICE

NOT DESTROY

CHRISTIE SPICE
STATE REGISTRAR
SOCIAL SECURITY

DOH 422-034 October 2015

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