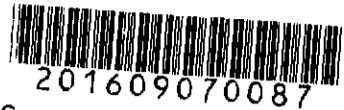


When recorded return to:  
Chicago Title Company  
425 Commercial Street  
Mount Vernon, WA 98273



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

Filed for record at the request of:



**CHICAGO TITLE**  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620027577

CHICAGO TITLE  
620027577

**DOCUMENT TITLE(S)**

Death Certificate

**GRANTOR(S)**

Washington, State of

**GRANTEE(S)**

Loretta Lou 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

CERTIFICATE NUMBER: 2016-003000

DATE ISSUED: 01/27/2016

FEE NUMBER: 000000029

GIVEN NAMES: LORETTA LOU  
LAST NAME: PENROD

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 23, 2016  
HOUR OF DEATH: 04:45 A.M.  
SEX: FEMALE  
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: JUNEAU, ALASKA

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: PERSONNEL OFFICER  
INDUSTRY: STATE OF ALASKA  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: CHRIS MUELLER  
RELATIONSHIP: NEPHEW  
ADDRESS: 4502 N. HUNTERCREST DRIVE, COEUR D'ALENE, ID 83815

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3508 - W. 3RD STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3508 - W. 3RD STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: EDWARD LINNEAUS KEITHAMN  
MOTHER/PARENT: ANTOINETTE MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: JANUARY 26, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:  
A. ADENOCARCINOMA OF THE PANCREAS  
INTERVAL: 6 MONTHS  
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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEMAN DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98275  
DATE SIGNED: JANUARY 25, 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: NSA #49

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JANUARY 26, 2016

**Affidavit for Certification**

State of Washington  
Center for Health Statistics  
3100 1st Ave, N.E.  
Olympia, WA 98512  
(360) 357-3000

This is a legal document. Only print in ink and use black ink.

STATE OFFICE USE ONLY

County

Title

Date

For child information, see Washington Information System

For birth information, see Washington Birth Registry

Child's

Birth

Registration

Number

Year of Birth

(If child is born to a woman who is not the mother, the mother's name and birth name, if any, is for clerical use only)

Sex

Registration to

Birth

Registration

Infirmary

Hospital

Registration to

Birth

Registration

Infirmary

Hospital

Signature of parent or guardian

Signature of parent or guardian

Signature of parent or guardian

Signature of parent or guardian

Signature of parent or guardian

Signature of parent or guardian

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Signature of parent or guardian

UNOFFICIAL DOCUMENT

**\*CERTIFIED\***

JAN 27 2016

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

DD00352205