When recorded return to:
Connie L. Wallace and Todd A. Wallace,
Co-Trustees of the Wallace Family Trust U/A
September 11, 1997
418 Alissa Lane
Burlington, WA 98233

201609120124
Skagit County Auditor $35.00
9/12/2016 Page 1 of 3 1:38PM

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620028386

CHICAGO TITLE
620028386

DOCUMENT TITLE(S)

Death Certificate

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

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

☐ Additional names on page _____ of document

GRANTEE(S)

Rodger Allen Wallace

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 28 Hillcrest Landing

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P131466 / 6012-000-000-0028

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: 2016-008116

DATE ISSUED: 02/29/2016

FEE NUMBER: 0000000029

GIVEN NAMES: ROGGER ALLEN
LAST NAME: WALLACE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 24,2016
HOUR OF DEATH: 08:53 P.M.
SEX: MALE
AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: SPRINGFIELD, CLARK CNTY, OHIO

MARITAL STATUS: MARRIED
SPOUSE: CONNIE L. CARSTENS

OCCUPATION: COMPUTER PROGRAMMER
INDUSTRY: INFORMATION TECHNOLOGY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: CONNIE L. WALLACE
RELATIONSHIP: WIFE
ADDRESS: 1770 HILLCREST LOOP, MOUNT VERNON, WA 98274

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1770 HILLCREST LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: ELWOOD FORREST WALLACE
MOTHER/PARENT: MARJORIE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 27,2016

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. MYOCARDIAL INFARCTION
INTERVAL: MINUTES
B. HYPERTENSION
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CONGESTIVE HEART FAILURE

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: BRIAN M. PATTERSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 3130 ELLIS ST
CITY,STATE,ZIP: BELLINGHAM WA 98225
DATE SIGNED: FEBRUARY 25,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-125
ATTENDING PHYSICIAN:
BRIAN PATTERSON MD

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: FEBRUARY 26,2016

DOH 01-003 (1/15)

Affidavit for Correction

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

STATE OFFICE

Birth | Death | Marriage | Dissolution

Date of Event | Place of Event

Relationship to Person on Record: Parent(s) | Funeral Director | Other (specify) | Hospital

Email Address:

Use this 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:

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

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

Date: | Printed name: | Date:

INSTRUCTIONS

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

- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Hospital/medical record
- Permanent Resident card (I-551)

Proof must be five or more years old or established within five years of birth.

Guardian(s): include certified court order proving guardianship.

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.
- To correct parent's information, one documentary proof is required.

CERTIFIED

FEB 29 2016

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

DD00353859