

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

DOCUMENT TITLE(S)

Death Certificate

CHICAGO TITLE
620028386

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: 000000029

GIVEN NAMES: RODGER ALLEN
LAST NAME: WALLACE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 24, 2016
HOUR OF DEATH: 08:55 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, ZIP: 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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: N/A-125

ATTENDING PHYSICIAN:
BRIAN PATTERSON MD

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



Ward, Center for Digital Statistics
 715-262-7004
 1000 S. Wisconsin Ave.
 60606-4300

STATE OFFICE 1954-1955

☐ Guest ☐ Member

2. *Effects of Stress:*

[illegible]

Person or Record: ☐ SA ☐ Analyst ☐ Interviewer ☐ Investigator ☐ Supervisor

Enrol Address:

"The record now shows:

the *Journal of*

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

Dato

REFERENCES

Date:

INSTRUCTIONS: Use the word bank to complete the sentences.

Employer's Name, Social Security card or hospital discharge certificate dated on or after 10/1/94

He is associated with the alldevil and is a full-blown and both case I am in a state of the day power politics

- Birth record
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Prison record
- Social Security Number Record
- State Department Resident card (I-5b1)

[illegible]

Business must have been in operation for five or more years or established within five years of 1/1/01

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

11. (b) (guardianship), include certified court order proving guardianship;
 12. (c) (name), and name, can be changed once to either: parents' name
 13. (d) (name), or combination of the first, middle or last names;"
 14. (e) (name), is required to change the last name;
 15. (f) (name), is required to change the first or middle name;"
 16. (g) (name), is required to change the last name;
 17. (h) (name), is required to change the first or middle name;"
 18. (i) (name), is required to change the last name;
 19. (j) (name), is required to change the first or middle name;"
 20. (k) (name), is required to change the last name;
 21. (l) (name), is required to change the first or middle name;"
 22. (m) (name), is required to change the last name;
 23. (n) (name), is required to change the first or middle name;"
 24. (o) (name), is required to change the last name;
 25. (p) (name), is required to change the first or middle name;"
 26. (q) (name), is required to change the last name;
 27. (r) (name), is required to change the first or middle name;"
 28. (s) (name), is required to change the last name;
 29. (t) (name), is required to change the first or middle name;"
 30. (u) (name), is required to change the last name;
 31. (v) (name), is required to change the first or middle name;"
 32. (w) (name), is required to change the last name;
 33. (x) (name), is required to change the first or middle name;"
 34. (y) (name), is required to change the last name;
 35. (z) (name), is required to change the first or middle name;"

Adriano G. Vignati di Crivello

- 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 or surname is misspelled, it is not a first name, correct two pieces of document, middle and surname
- To correct *patronym* (the name after a father's name), one documentary proof is required

[Click here](#) to download our sample form for a letter of recommendation. If you are unable to download the form, please email us at info@wpaia.org. We will send you the form via email.

[illegible][illegible]

cause of death' may be changed only by the certifying physician, or the coroner or medical examiner.

... *adiffusio* ...

or, foreign birth date, date of birth or residence) may be changed. Changes to the birth date, foreign birth date, date of marriage or dissolution, the officiant (minister or clerk of court) and sex must be complete and correct; the officiant

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a screen. The screen displays a target (a small circle) and a starting point (a larger circle). The subject's hand is positioned at the starting point. The distance between the starting point and the target is labeled as 'Distance'. The subject is instructed to move their hand from the starting point to the target.

CERTIFIED*

FEB 29 2016

Skagit County Health Department
Howard T. Ebband M.D., Health Officer

DD00353859