

UNOFFICIAL DOCUMENT



201609210065

Skagit County Auditor  
9/21/2016 Page

1 of 5 3:09PM \$77.00

**Return Address:**

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**Document Title:**

Decision

**Reference Number** (if applicable):

**Grantor(s):**

additional grantor names on page \_\_\_\_.

- 1) Debra Fernando, estate
- 2) David Fernando

**Grantee(s):**

additional grantor names on page \_\_\_\_.

- 1) David Fernando
- 2) \_\_\_\_\_

**Abbreviated Legal Description:**

full legal on page(s) \_\_\_\_.

Tract 1 Assessors Plat of Ashland  
Addition Div 1

**Assessor Parcel /Tax ID Number:**

additional parcel numbers on page \_\_\_\_.

P 78304



**United States Department of the Interior  
OFFICE OF HEARINGS AND APPEALS**

Probate Hearings Division  
P.O. Box 26147  
Albuquerque, NM 87125  
(505) 563-5330  
(505) 563-5341 (Fax)

IN THE MATTER OF THE ESTATE OF: : **PROBATE NO.**  
**DEBRA MARIE FERNANDO** : **P000122093IP**  
: :  
Deceased Swinomish Indian : **DECISION**  
Identification No.: 122U000530 :

After notice was served and posted as required by 43 C.F.R., part 30, a hearing in this matter was held at Bellingham, Washington on July 22, 2014 before Administrative Law Judge Thomas F. Gordon, who has since retired, to determine the validity of the last will of Debra Marie Fernando, deceased Swinomish Indian and to settle her trust and restricted property estate. This matter has been reassigned to me for decision. I have reviewed the prior proceedings and the evidence of record in this matter.

My Findings and Conclusions based upon the evidence of record are as follows:

1. Decedent. Debra Marie Fernando, whose last residence was in the State of Washington, was born February 25, 1961 and died on January 13, 2014.
2. Estate Property. The decedent died owning interests in trust or restricted property under the jurisdiction of the Secretary of the Interior. There were no funds reported to be in or due and payable to the decedent's Individual Indian Money ("IIM") account as of the date of death.
3. Will. A will of the decedent executed August 4, 2010 has been presented in this estate. There were no objections to the will, which is self-proved. The decedent's will was properly executed and at the time of execution Decedent possessed testamentary capacity and acted free of undue influence. The will is approved. By its terms Decedent devised all of her interests in the estate that is subject to this proceeding as follows:

Name	Date of Birth	Relation to Decedent	Share	Indian <sup>1</sup>	Eligible <sup>2</sup>
David Lane Fernando	██████████	Husband	All	Yes	Yes

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20164264  
SEP 21 2016

<sup>1</sup> See 25 U.S.C. § 2201(2), 43 C.F.R. § 30.101 for definition.  
<sup>2</sup> See 25 U.S.C. § 2201(9), 43 C.F.R. § 30.101 for definition.

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HTB Deputy

4. Claims. No claims have been filed against this estate.

### ORDER

By the authority vested in the Secretary of the Interior by 25 U.S.C. §§ 372 and 373 as amended, and other applicable statutes, and pursuant to 43 C.F.R. part 30, it is **ORDERED**:

- A. The Superintendent or other officer in charge shall distribute the estate according to the findings and conclusions in this Decision.
- B. Under 43 C.F.R. §§ 30.232 and 30.234, no written transcript of the hearing was made, the names of those persons who attended the hearing are set forth on the Attendance Roster included in the record, the verbatim recording of the hearing will be retained until the appeal period has expired. I certify that this decision is based upon all the evidence of record in this matter.
- C. This decision is final for the Department unless a petition for rehearing is properly filed in accordance with 43 C.F.R. § 30.238 (2014) within thirty (30) days from the date of this Decision as set forth in the attached notice.

Date: JUN 24 2015



Earl J. Waits  
Administrative Law Judge

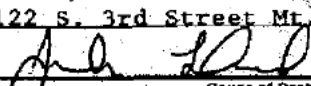
tc

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

## CERTIFIED COPY OF DEATH CERTIFICATE

282

Local File Number		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Debra Marie Fernando</b>				2. Death Date <b>Jan. 13, 2014</b>		
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>52</b>	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number [REDACTED]	6. County of Death <b>King</b>	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Anacortes</b>		8b. (State or Foreign Country) <b>WA</b>		9. Decedent's Education <b>Some College credit, but no degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>American Indian; Swinomish Tribe</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (include apt. No.) <b>16241 Snee-Oosh Road</b>				13b. City or Town <b>La Conner</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>Swinomish Tribe</b>		13e. State or Foreign Country <b>WA</b>		13f. Zip Code + 4 <b>98257</b>
14. Estimated length of time at residence. <b>30 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>David L. Fernando</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Tribal Gaming</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Swinomish Tribe</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Bert Baird</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Shirley [REDACTED]</b>		
21. Informant's Name <b>David L. Fernando</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>16241 Snee-Oosh Road La Conner, WA 98257</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) <b>Virginia Mason Medical Center</b>				26a. City, Town, or Location of Death <b>Seattle</b>		26b. State <b>WA</b>
26. Method of Disposition <b>Cremation</b>				29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		27. Zip Code <b>98101</b>
31. Name and Complete Address of Funeral Facility <b>Kern Funeral Home 1122 S. 3rd Street Mt. Vernon, WA 98273</b>				32. Date of Disposition <b>Jan. 18, 2014</b>		
33. Funeral Director Signature X 				Jeremiah T. LeScourd		
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →				a. <b>septic shock and multi-organ system failure</b>		Interval between Onset & Death <b>hours</b>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b. <b>neutropenia</b>		Interval between Onset & Death <b>days</b>
				c. <b>diffuse large cell lymphoma</b>		Interval between Onset & Death <b>months</b>
				d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>portal vein thrombosis</b>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48. Describe how injury occurred				48a. Certifying Physician: X <b>Kristine Specht, MD</b>		
48b. Medical Examiner/Coroner: <b>[REDACTED]</b>				50. Hour of Death (24hrs) <b>04:45</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Kristine Specht, MD</b>				52. Date Signed (mm/dd/yyyy) <b>01/13/2014</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Vamshi Thanaka, MD</b>				53. Title of Certifier <b>Physician</b>		
53. License Number <b>ML 60370000</b>		54. File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature X <b>[REDACTED]</b>				58. Date Received (mm/dd/yyyy) <b>JAN 14 2014</b>		
59. Amendments						



Warrant for Arrest

Center for Health Statistics  
Form 4781a  
June 1984 (A-1)  
Revised 8/83

For a full document, Go to: [www.cdc.gov/nchs](http://www.cdc.gov/nchs)

STATE OF CALIFORNIA

County of \_\_\_\_\_

Case Number \_\_\_\_\_

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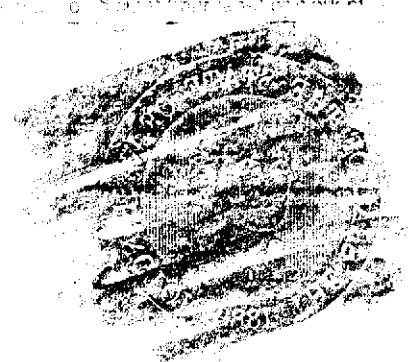
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