

When recorded return to:  
Steven C. Munson  
The Munson Family Trust, dated July 19, 2007, an  
Alaska Trust  
2414 McKenzie Dr  
Anchorage, AK 99517



201612050148  
Skagit County Auditor \$34.00  
12/5/2016 Page 1 of 2 3:46PM

Filed for record at the request of:



CHICAGO TITLE  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620028912

CHICAGO TITLE  
620028912

**DOCUMENT TITLE(S)**

Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

~~Washington~~, State of  
Alaska

Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

Gail Ann Bogle-Munson

Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Ptn 63 and all of Lot 65, Rancho San Juan Del Mar, Subd. 3 and 4; Ptn Gov't Lot 3 and the ptn SW  
NW in 11-34-1E

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P68344/ 3975-000-065-0007, P68343/ 3975-000-063-0108, P102339/ 340110-0-001-0303, P102334/  
340111-0-006-0307 and P102332/ 340111-2-002-0307

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 ALASKA  
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS  
P.O. Box 110675, Juneau, AK 99811-0675

STATE FILE NO. 2016002523

DATE FILED 08/17/2016

**CERTIFICATE OF DEATH**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)  
**GAIL ANN BOGLE MUNSON**

2. SEX  
**Female**

3. SOCIAL SECURITY NUMBER  
**[REDACTED]**

4a. AGE-Last Birthday (Years)  
**71**

4b. UNDER 1 YEAR  
Months: **7** Days: **14**

4c. UNDER 1 DAY  
Hours: **14** Minutes: **00**

5. DATE OF BIRTH (MM/DD/YY)  
**08/23/1945**

6. BIRTHPLACE (City and State or Foreign Country)  
**Fort Sil, OKLAHOMA**

7a. RESIDENCE-STATE  
**Alaska**

7b. COUNTY  
**Anchorage**

7c. CITY OR TOWN  
**Anchorage**

7d. STREET AND NUMBER  
**2414 McKenzie Drive**

7e. APT. No.  
**[REDACTED]**

7f. ZIP CODE  
**99517**

7g. INSIDE CITY LIMITS?  Yes  No

8. EVER IN US ARMED FORCES?  
 Yes  No  Unknown

9. MARITAL STATUS AT TIME OF DEATH  
 Married  Married, but separated  Widowed  Divorced  Never Married  Unknown

10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)  
**STEVEN C MUNSON**

11. FATHER'S NAME (First, Middle, Last)  
**GAILON BOGLE**

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)  
**DORIS**

13a. INFORMANT'S NAME  
**STEVEN C MUNSON**

13b. RELATIONSHIP TO DECEDENT  
**Spouse**

13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)  
**2414 McKenzie Drive Anchorage, Alaska 99517**

14. DECEDENT'S EDUCATION (Check the box that best describes that best describes the highest grade or level of school completed at the time of death.)  
 8th grade or less  
 9th - 12th grade, no diploma  
 High school graduate or GED  
 Some college credit, but no degree  
 Associate degree (e.g., AA, AS)  
 Bachelor's degree (e.g., BA, AB, BS)  
 Master's degree (e.g., MA, MS, MENG, MEd, MSW, MBA)  
 Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino). Check the 'No' box if the Decedent is not Spanish / Hispanic / Latino(s).  
 No, not Spanish/Hispanic/Latino(s)  
 Yes, Mexican, Mexican American, Chicano(s)  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, other Spanish/Hispanic/Latino. Specify: \_\_\_\_\_

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)  
 White  
 Black or African American  
 American Indian or Alaskan Native (Name of the enrolled or principal tribe) \_\_\_\_\_  
 Asian Indian Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian (Specify): \_\_\_\_\_  
 Native Hawaiian  
 Guamanian or Chamorro(s)  
 Samoan  
 Other Pacific Islander (Specify) \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)  
**Real Estate Broker**

18. KIND OF BUSINESS OR INDUSTRY  
**Real Estate**

19. PLACE OF DEATH (Check only one)  
 If DEATH OCCURRED IN A HOSPITAL:  Inpatient  Emergency Room/Outpatient  Dead on Arrival  Nursing home/long term care facility  Hospice Facility  Other (Specify) \_\_\_\_\_  
 If DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  Decedent's home  Other (Specify) \_\_\_\_\_

20. FACILITY NAME (If not institution, give street & number)  
**2414 McKenzie Drive**

21. CITY OR TOWN, STATE AND ZIP CODE  
**Anchorage, Alaska 99517**

22. COUNTY OF DEATH  
**Anchorage**

23. METHOD OF DISPOSITION  
 Entombment  Removal from State  Other (Specify) \_\_\_\_\_

24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)  
**Kehl's Legacy Funeral Home**

25. LOCATION - CITY, TOWN AND STATE  
**Anchorage, AK**

26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY  
**Kehl's Legacy Funeral Home 11621 Old Seward Hwy, Anchorage, Alaska 99515**

27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE)  
**Kendall Norman**

28. LICENSE NUMBER (Of Licensee)  
**[REDACTED]**

29. DATE PRONOUNCED DEAD (MM/DD/YY)  
**08/16/2016**

30. TIME PRONOUNCED DEAD  
**08:30**

31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)  
**[REDACTED]**

32. LICENSE NUMBER  
**[REDACTED]**

33. DATE SIGNED (MM/DD/YY)  
**08/16/2016**

34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY)  
**August 6, 2016**

35. ACTUAL OR PRESUMED TIME OF DEATH  
**08:30**

36. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

37. PART I. 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. Enter only one cause on a line. Add additional lines if necessary.  
a. **PANCREATIC CANCER WITH LIVER METASTASES**  
Due to (or as a consequence of): \_\_\_\_\_  
b. \_\_\_\_\_  
Due to (or as a consequence of): \_\_\_\_\_  
c. \_\_\_\_\_  
Due to (or as a consequence of): \_\_\_\_\_  
d. \_\_\_\_\_  
Due to (or as a consequence of): \_\_\_\_\_

38. WAS AN AUTOPSY PERFORMED?  Yes  No

39. WERE ANATOMY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  Yes  No

40. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  Probably  No  Unknown

41. IF FEMALE  
 Not pregnant within past year  Not pregnant, but pregnant within 42 days of death  
 Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  
 Unknown if pregnant within past year

42. MANNER OF DEATH  
 Natural  Homicide  
 Accident  Pending Investigation  
 Suicide  Could not be determined

43. DATE OF INJURY (MM/DD/YY)  
**[REDACTED]**

44. TIME OF INJURY  
**[REDACTED]**

45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)  
**[REDACTED]**

46. INJURY AT WORK?  Yes  No

47. LOCATION OF INJURY (Street & Number, Apt. No., City or Town, State, Zipcode)  
**[REDACTED]**

48. IF TRANSPORTATION INJURY, SPECIFY:  
 Driver/Operator  Passenger  
 Pedestrian  Unknown  
 Other (Specify) \_\_\_\_\_

49. DESCRIBE HOW INJURY OCCURRED:  
**[REDACTED]**

50a. CERTIFIER (Check only one):  
 Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  
 Pronouncing & Certifying physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

50b. NAME OF CERTIFIER (SIGNATURE ON FILE)  
**VERNEEDA SPENCER**

51. ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37)  
**2925 Debart Road Suite 300 Anchorage AK 99508**

52. LICENSE NUMBER  
**3332**

53. DATE CERTIFIED (MM/DD/YY)  
**08/11/2016**

To Be Completed by:  
FUNERAL DIRECTOR

To Be Completed by:  
MEDICAL CERTIFIER

ORIGINAL STATE COPY

001532953

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **AUGUST 23, 2016**

*Heidi Juedorfer*  
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

