



201612130007

Carol Yates
3909 A AVE
Anacortes WA 98221

Document Title: Death Certificate of
Vernon R. Etlicher, SR.
Reference Number: M-60055

Grantor(s): additional grantor names on page ____
1. Vernon R Etlicher, Sr
2. (States Fiat)

Grantee(s): additional grantee names on page ____
1. The public
2.

Abbreviated legal description: full legal on page(s) ____

Assessor Parcel / Tax ID Number: additional tax parcel/number(s) on page ____
P32249 P32256

I, Carol Yates, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$72.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Carol Yates Dated 12-12-16

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-047854

DATE ISSUED: 11/29/2016

FEE NUMBER: 000000029

GIVEN NAMES: VERNON REX
LAST NAME: ETLICHER

SUFFIX: SR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 27, 2016
HOUR OF DEATH: 10:34 P.M.
SEX: MALE
AGE: 79 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 4005 - A AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: REX LEO ETLICHER
MOTHER/PARENT: RENE [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: BARRON, BARRON CNTY, WISCONSIN

MARITAL STATUS: MARRIED
SPOUSE: MARGARET ARLENE LAVINE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: DECEMBER 01, 2016

OCCUPATION: FIREFIGHTER
INDUSTRY: PUBLIC SAFETY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

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

INFORMANT: PEGGY ETLICHER
RELATIONSHIP: WIFE
ADDRESS: 4005 - A AVENUE, ANACORTES, WA 98221

- CAUSE OF DEATH:
- A. RUPTURED ABDOMINAL ANEURYSM
INTERVAL: 1 DAY
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CONGESTIVE HEART DISEASE, TYPE 2 DIABETES MELLITUS, HYPERTENSION, VASCULAR DEMENTIA, CHRONIC RENAL FAILURE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

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

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: NANCY H. LLEWELLYN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 190
CITY, STATE, ZIP: LA CONNER WA 98259
DATE SIGNED: NOVEMBER 28, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA #558
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: NOVEMBER 29, 2016

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



Affidavit for Correction

Center for Health Statistics
1000 1st St
Tacoma, WA 98402
360.835.3333

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

STATE OFFICE USE ONLY

State: WA Date of Birth: 11/11/1988 Sex: M APHA File Number:

Required information must match current information on record				
Residence	Birth	Death	Marriage	Dissolution (Divorce)
1. Name of City/Town/Village	2. Date of Birth	3. Date of Death	4. Date of Marriage	5. Date of Divorce
6. Name of Hospital				
7. Return Mailing Address				

Telephone Number: Email Address:

Use the 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:

8.
10.
12.
14.

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

16a. Signature: Title:

Printed name: Title:

INSTRUCTIONS:

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

Request no later than

- Birth Mailing Address:
- Certificate of Live Birth:
- Social Security Number:
- Driver's License:
- Hospital Discharge Report (HAR):
- Death Certificate:
- Marriage License:
- Divorce Decree:

Birth Certificates

1. Only a parent or legal guardian may request a correction to a birth certificate.
2. The proof at most must be
3.

Capacity to

- If age 18 or older, you must be of legal age and have the legal capacity to sign a document.
- If under 18, you must be of legal age and have the legal capacity to sign a document.
- After you sign a document, you must be of legal age and have the legal capacity to sign a document.
- You must be of legal age and have the legal capacity to sign a document.
- You must be of legal age and have the legal capacity to sign a document.
- You must be of legal age and have the legal capacity to sign a document.

22. The proof at most must be

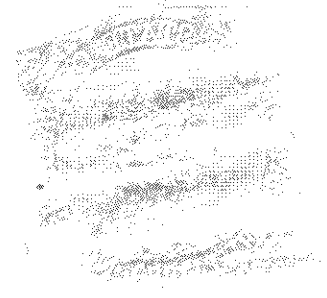
That affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only a parent or legal guardian may request a correction to a death certificate.
2. The proof at most must be

Marriage/Dissolution (Divorce) Certificates

1. Marriage License:
2. In change of name:



CERTIFIED

NOV 29 2015

Howard L. Lebrand
Snohomish County Health Department
Howard Lebrand M.D., Health Officer

GG00096289