201612230081
Skagit County Auditor $34.00
12/23/2016 Page 1 of 2 1:57PM

WHEN RECORDED RETURN TO:

Soldate Family Trust
6633 West 5th St. FL 4th
Los Angeles, CA 90071

GUARDIAN NORTHWEST TITLE CO.

DOCUMENT TITLE(S):
Death Certificate

111526

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
State of ~~Washington~~
California

GRANTEE:

Albert Mills Soldate

ABBREVIATED LEGAL DESCRIPTION:
Lot 1, 2, 3, 8, and 9, , Chase Acreage, according to the Plat thereof filed in Volume 3 of Plats at Page(s) 64, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):
P64373, 3881-000-009-0009, P64360, 3881-000-003-0005, P64372, 3881-000-008-0000, P40020, 350520-0-010-0008

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER: 3 1999 19 039627

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Albert	Mills	Soldate

4. DATE OF BIRTH: MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
[redacted]	78			M	09/25/1999	1445

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
TX	[redacted]	☐ Yes ☒ No ☐ Unk	Married	22

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Caucasian	☐ Yes ☒ No	Tetra Tech

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Scientist	Research	30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
276 Hacienda Dr	Arcadia	Los Angeles	91006	39	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Mary McIntyre Soldate - Wife	276 Hacienda Dr., Arcadia, CA 91006

SPOUSE AND PARENT INFORMATION

29. NAME OF SURVIVING SPOUSE—FIRST	30. MIDDLE	31. LAST (MAIDEN NAME)	
Mary	Johanna	McIntyre	
32. NAME OF FATHER—FIRST	**33. MIDDLE**	**34. LAST**	**35. BIRTH STATE**
Walter	G.	Soldate	CA
36. NAME OF MOTHER—FIRST	**37. MIDDLE**	**38. LAST (MAIDEN)**	**39. BIRTH STATE**
Caroline	Mallie	[redacted]	CA

DISPOSITION(S)

40. DATE MM/DD/CCYY	41. PLACE OF FINAL DISPOSITION
10/01/1999	San Gabriel Cemetery, 601 Roses Rd., San Gabriel, CA 91776

FUNERAL DIRECTOR AND LOCAL REGISTRAR

42. TYPE OF DISPOSITION(S)	43. SIGNATURE OF EMBALMER	44. LICENSE NO.
Burial	▶ CD Graham	6476

45. NAME OF FUNERAL DIRECTOR	46. LICENSE NO.	48. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Douglass & Zook Mort., Inc.	FD 221	▶ Mark [illegible] By	09/29/1999

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
Methodist Hosp. of So. CA	☒ IP ☐ ER/OP ☐ DOA	☐ Conv. Hosp. ☐ Res. Care ☐ Other	Los Angeles

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
300 W. Huntington Dr.	Arcadia

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

			TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Respiratory Failure	Days
DUE TO	(B)	Enterococcal Sepsis	Days
DUE TO	(C)	Tessio Catheter	Days
DUE TO	(D)	End Stage Renal Disease	Days

108. DEATH REPORTED TO CORONER: ☐ Yes ☒ No — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ Yes ☒ No

110. AUTOPSY PERFORMED: ☐ Yes ☒ No

111. USED IN DETERMINING CAUSE: ☐ Yes ☒ No

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None

113. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: Tracheostomy and G Tube, 09/23/1999

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
08/25/1999	09/25/1999	▶ Hayes A.M. Whitman MD	A050550	09/28/1999

118. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Haresh M. Khilnani, M.D., 717 W. Foothill Blvd., Monrovia, CA 91016

CORONER'S USE

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ Yes ☐ No			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION—STREET AND NUMBER OR LOCATION AND CITY, ZIP

126. SIGNATURE OF CORONER OR DEPUTY CORONER ▶

127. DATE MM/DD/CCYY

128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

SIGNED	M	T	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

NOV 04 2016

DEAN C. LOGAN
Registrar-Recorder/County Clerk

1000001221038

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

CALOSANG02

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE