



201703170008

Skagit County Auditor \$35.00
3/17/2017 Page 1 of 3 9:22AM

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
P.O. Box 445
Burlington, WA 98233

01-161358-OE, 01-161358-OE ✓

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

Land Title and Escrow

GRANTEE:

Krieg, John Henry

ABBREVIATED LEGAL DESCRIPTION:

Ptn NE ¼, 17-36-4 E W.M.

TAX PARCEL NUMBER(S):

P49294

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1432**

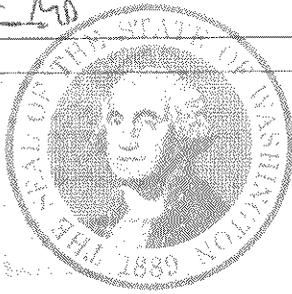
Washington State Certificate of Death

State File Number

7 75333

| | | | | | |
|--|--------------------------------------|---|--|--|---|
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix JOHN HENRY KRIEG | | | | 2. Death Date Dec. 30, 2007 | |
| 3. Sex (M/F) M | 4a. Age - Last Birthday 90 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. [Redacted] | |
| 7. Birthdate [Redacted] | | 8a. Birthplace (City, Town, or County) Oak Harbor | 8b. (State or Foreign Country) Washington | | 9. Decedent's Education One Year College, No Degree |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | 11. Decedent's Race(s) Caucasian | | 12. Was Decedent ever in U.S. Armed Forces? Yes |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2588 Lake Whatcom Boulevard | | | | 13b. City or Town Bellingham | |
| 13c. Residence: County Whatcom | | 13d. Tribal Reservation Name (if applicable) | 13e. State or Foreign Country Washington | | 13f. Zip Code + 4 98229 |
| 14. Estimated length of time at residence: 42 Years | | 15. Marital Status at Time of Death Widowed | | 16. Surviving Spouse's Name (Give name prior to first marriage) | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) District Manager | | | 18. Kind of Business/Industry (Do not use Company Name) Public Utility | | |
| 19. Father's Name (First, Middle, Last, Suffix) Carl Charles Krieg | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Hilma [Redacted] | | |
| 21. Informant's Name Karen Hasendehrl | | 22. Relationship to Decedent Daughter | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 21639 Prairie Road, Sedro-Woolley, WA 98284 | |
| 24. Place of Death, if Death Occurred in a Hospital Inpatient | | | | | |
| 25. Facility Name (if not a facility, give number & street or location) St. Joseph Hospital | | | 26a. City, Town, or Location of Death Bellingham | | 26b. State WA |
| 28. Method of Disposition Cremation | | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Moles - Greenacres Crematory | | 30. Location-City/Town, and State Ferndale, WA |
| 31. Name and Complete Address of Funeral Facility Moles - Bayview Chapel, 2465 Lakeway Drive, Bellingham, WA 98229 | | | | | 32. Date of Disposition January 3, 2008 |
| 33. Funeral Director Signature X <i>Paul Spinell</i> | | | | | |

| | | | | | |
|---|--|---|--|---|--|
| 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 (First disease or condition resulting in death) → a. Coronary Artery Disease Interval between Onset & Death: Years | | | | | |
| 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. Hypertension Interval between Onset & Death: Years | | | | | |
| c. _____ Interval between Onset & Death: _____ | | | | | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above Prostate CA, Squamous Cell Ca of Skin | | | | | |
| 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"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide | | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | 45. Location of Injury - Number & Street Apt No. City or Town, State Zip Code + 4 | | | |
| 46. Describe how injury occurred <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | | | | |
| 48a. Certifying Physician To the best of my knowledge, death occurred at the time, date, and place and due to (cause(s) and manner stated) [Signature] | | | 48b. 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 [Signature] | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) James A. Ross, M.D., 3500 Orchard Place, Bellingham, WA 98225 | | | | 50. Hour of Death (24hrs) 1830 | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | 52. Date Signed (mm/dd/yyyy) 01/02/2008 | |
| 53. Title of Certifier M.D. | | 54. License Number | | 55. ME/Coroner File Number | |
| 57. Registrar Signature <i>[Signature]</i> | | | | 58. Date Received (mm/dd/yyyy) 01/03/2008 | |
| 59. Amendments | | | | | |



DOH 15 903 Rev. 2/06/2004

Affidavit for Correction

Center for Health Statistics
1000 1st Ave.
Seattle, WA 98101
(206) 467-1000

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

STATE OFFICE USE ONLY

Name: _____ Date of Birth: _____ Sex: _____ Race: _____ Ethnicity: _____ Affected Member: _____

Use the section below for requesting any changes on the record.

Reason for: Birth Death Marriage Dissolution
1. Name of member: _____ Date of Event: _____ Place of Event: _____

4. Father's Full Name: _____ 5. Mother's Full Name: _____

6. The Record now shows _____ The True fact is: _____

8. _____

10. _____

12. _____

14. I requested this person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify): _____

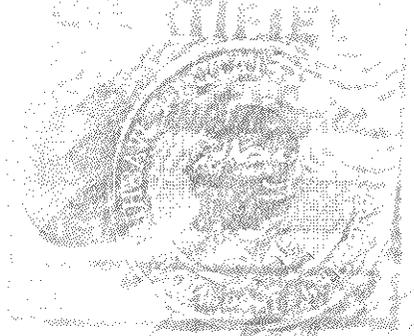
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ Title: _____ Address: _____

At this time, no documentary proof is required.
Most changes must be established by documentary proof submitted with the affidavit.
Examples of acceptable documentary proof include:
- Hospital Discharge Summary
- Marriage License
- Death Certificate
- Birth Certificate
- Court Order
- Affidavit from a Notary Public
- Affidavit from a Bishop or Priest
- Affidavit from a Judge
- Affidavit from a Social Worker
- Affidavit from a Police Officer
- Affidavit from a Teacher
- Affidavit from a Neighbor
- Affidavit from a Friend
- Affidavit from a Family Member
- Affidavit from a Community Leader
- Affidavit from a Religious Leader
- Affidavit from a Government Official
- Affidavit from a Military Officer
- Affidavit from a Law Enforcement Officer
- Affidavit from a Medical Professional
- Affidavit from a Social Service Worker
- Affidavit from a Case Manager
- Affidavit from a Counselor
- Affidavit from a Therapist
- Affidavit from a Psychiatrist
- Affidavit from a Psychologist
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Adult (18 years or older)
1. This affidavit must be signed by the person making the birth certificate change. If the person making the change is a minor, the affidavit must be signed by a parent or guardian.
2. The affidavit must be signed in the presence of two witnesses who are not related to the person making the change. The witnesses must be at least 18 years old and must be able to provide documentary proof of their identity.
3. The affidavit must be signed in the presence of a notary public or a judge. The notary public or judge must be able to provide documentary proof of their identity.
4. The affidavit must be signed in the presence of a witness who is not related to the person making the change. The witness must be at least 18 years old and must be able to provide documentary proof of their identity.
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7. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH-CHS 021)

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