201703170104
Skagit County Auditor $109.00
3/17/2017 Page 1 of 4 3:25PM

WHEN RECORDED RETURN TO:

Marianna Metke
457 Klickitat Drive
LaConner, WA 98257

01-160747-OE, 01-160747-OE

DOCUMENT TITLE(S):
Death Certificate And Letters Test. (double)

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
ROBERT LLOYD METKE

Land Title and Escrow

ABBREVIATED LEGAL DESCRIPTION:
Lot 465, Shelter Bay Div. 3

01-160747-OE

TAX PARCEL NUMBER(S):
Swinomish S3302020078
Skagit P128861

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number: 2719

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. (Legal Name) First: Robert Middle: Lloyd Last: Metke Suffix:
2. Death Date: 03/01/2014
3. Sex: M
4a. Age – Last Birthday: 75
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: King
7. Birthdate: [redacted]
8a. Birthplace (City, Town, or County): Seattle
8b. (State or Foreign Country): WA
9. Decedent's Education: Some college credit
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, Specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., RR #, St. #, Apt. No.): 457 Klickitat Drive
13b. City or Town: La Conner
13c. Residence: County: Skagit
13d. Tribal Reservation Name (If applicable)
13e. State or Foreign Country: WA
13f. Zip Code + 4: 98257
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk.
14. Estimated length of time at residence: 25 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Marianna Jane Siegon
17. Usual Occupation (Indicate type of work done during most of working life. Do not use Retired): Salesman
18. Kind of Business/Industry (Do not use Company Name): Horticultural Products
19. Father's Name (First, Middle, Last, Suffix): Lloyd Robert Metke
20. Mother's Name (Before First Marriage) (First, Middle, Last): Lillian Blanche [redacted]
21. Informant's Name: Marianna Metke
22. Relationship to Decedent: Wife
23. Mailing Address (Number and Street or PO Box, City or Town, State, Zip): 457 Klickitat Drive, La Conner, WA 98257
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice Facility
25. Facility Name (If not a facility, give number & street or location): Evergreen Hospice 12822 124th Lane NE
26a. City, Town, or Location of Death: Kirkland
26b. State: WA
27. Zip Code: 98034
28a. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Bay View Cemetery
30. Location-City/Town, and State: Mount Vernon, WA
31. Name and Complete Address of Funeral Facility: Hulbush Funeral Home 281 So. Burlington Blvd., Burlington, WA 98233
32. Date of Disposition: 03/14/2014
33. Funeral Director Signature X

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. Stage IV Pancreatic Cancer Due to (or as a consequence of): Interval between Onset & Death: unknown

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. Due to (or as a consequence of): Interval between Onset & Death:

c. Due to (or as a consequence of): Interval between Onset & Death:

d. Due to (or as a consequence of): Interval between Onset & Death:

Washington State Department of Health

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Metastatic Cardiomyopathy

36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
41. Date of Injury (mm/dd/yyyy):
42. Hour of Injury (24hr):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk.
45. Location of Injury: Number & Street: Apt. No.:
City or Town: County: State: Zip Code:
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. 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.
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.

X Meredith Brass

49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print): Meredith Brass 12122 124th Lane NE, Kirkland WA 98034
49a. Name and Title of Attending Physician if other than Certifier (Type or Print):
50. Hour of Death (24hr): 1855
52. Date Signed (mm/dd/yyyy): 03/04/2014
53. Title of Certifier: MD
54. License Number: MD60293424
55. Coroner's File Number: KCA 14-1760
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (mm/dd/yyyy): 3/05/2014
59. Amendments:

DOH/CHS 092 Rev 6/2007

DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH PUBLIC HEALTH – SEATTLE & KING COUNTY VITAL STATISTICS. CERTIFIED COPIES MUST HAVE THE RAISED SEAL.

Affidavit for Correction

STATE OFFICE USE ONLY

ZZ00167055

SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SKAGIT COUNTY

ESTATE OF: ROBERT L. METKE Deceased	CASE NO. 14-4-00163-1 LETTERS TESTAMENTARY

1.1 The last will of ROBERT L. METKE late of Skagit County was duly exhibited proven and recorded in this court on MAY 9, 2014.

SKAGIT COUNTY, WASH
FILED
MAY 09 2014
NANCY K. SCOTT, CO. CLERK
Deputy

1.2 In that will MARIANNA METKE named personal representative.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT MARIANNA METKE is authorized by this court to execute the will of the above decedent according to law.

DATED MAY 9, 2014

NANCY SCOTT
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY KRISTEN DENTON, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I, NANCY SCOTT, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on MAY 9, 2014.

I further certify that these letters are now in full force and effect.

DATED JAN - 6 2017

MAVIS E. BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

SEAL OF THE SUPERIOR COURT STATE OF WASHINGTON SKAGIT COUNTY

BY _____ Deputy Clerk