



Skagit County Auditor
4/11/2017 Page

1 of

3 3:02PM

\$35.00

Document Title: Certificate of Death

Reference Number: 201607250136

Grantor(s):

additional grantor names on page ___

1. Harold Coultas estate
2. Wash. State of

Grantee(s):

additional grantee names on page ___

- | | |
|--------------------|-------------------|
| 1. Lori Frizzell | 3. Sherri Hopkins |
| 2. Nancy Patterson | 4. Harold Coultas |

Abbreviated legal description:

full legal on page(s) ___

Lots 9 and 10, Block 30, of "PLAT OF THE TOWN OF SEDRO,"
as per plat recorded in Volume 1 of Plats, page 17, records
of Skagit County.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___

P75627 / 4149-030-010-0009

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171458
APR 11 2017

Amount Paid \$0
Skagit Co. Treasurer
By *Mmm* Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-050535

DATE ISSUED: 12/15/2016

FEE NUMBER: 000000029

GIVEN NAMES: HAROLD WILLIAM
LAST NAME: COULTAS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 13, 2016
HOUR OF DEATH: 10:00 A.M.
SEX: MALE
AGE: 65 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 431 WESTERMAN ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 431 WESTERMAN ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

FATHER/PARENT: CHARLES WILLIAM COULTAS
MOTHER/PARENT: MARGARET PATRICIA [REDACTED]

MARITAL STATUS: NEVER MARRIED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: DECEMBER 15, 2016

OCCUPATION: MECHANICAL REPAIR
INDUSTRY: FOOD PROCESSING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

INFORMANT: LORI P. FRIZZELL
RELATIONSHIP: SISTER
ADDRESS: 509 WESTERMAN ROAD, SEDRO-WOOLLEY, WA 98284

- CAUSE OF DEATH:
- A. END STAGE KIDNEY DISEASE
INTERVAL: 6 MONTHS
 - B. HYPERTENSION
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: DECEMBER 14, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

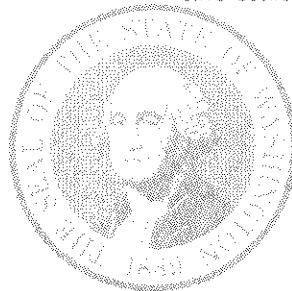
CASE REFERRED TO ME/CORONER? NO
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: DECEMBER 15, 2016

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



Affidavit for Correction

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

STATE OFFICE USE ONLY

State File No. _____

Required	Required information must match current information on record				
	Record #	Birth	Death	Marriage	Dissolution (Divorce)
1 Name (last, first, middle)					
4 Father's Name					
6 Name of Spouse					

7 Return Modified Birth

Telephone Number _____

Use the section below to indicate any changes on the record. The record is incorrect or incomplete as follows:

8 _____

10 _____

12 _____

14 _____

I declare under penalty of perjury that the facts on this Affidavit for Correction are true and correct.

16a Signature _____

Printed name _____

Address _____

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State _____

Zip _____

County _____

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