

WHEN RECORDED RETURN TO:

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



201704140172

Skagit County Auditor \$35.00  
4/14/2017 Page 1 of 3 3:55PM

01-161009-FE, 01-161009-FE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Frank Elsworth Harris

ABBREVIATED LEGAL DESCRIPTION:

Lot 12, Blackburn Ridge Phase 2

TAX PARCEL NUMBER(S):

P117367

*Land Title*

*#*

*01-*

*0161009-*

*fe*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-036914

DATE ISSUED: 12/22/2015

FEE NUMBER: 000000029

GIVEN NAMES: FRANK ELSWORTH  
LAST NAME: HARRIS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 11, 2015  
HOUR OF DEATH: 01:30 P.M.  
SEX: MALE  
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: CLEVELAND, OHIO

MARITAL STATUS: MARRIED  
SPOUSE: JEAN S. SNYDER

OCCUPATION: SALES AND SERVICE  
INDUSTRY: ELECTRONICS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: JEAN S. HARRIS  
RELATIONSHIP: SPOUSE  
ADDRESS: 2319 S 18TH ST, MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2319 SOUTH 18TH STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 2319 SOUTH 18TH STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: FRANK E. HARRIS  
MOTHER/PARENT: ERMA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE CARE CENTER CREMATORY  
CITY, STATE: SEATTLE, WA  
DISPOSITION DATE: DECEMBER 18, 2015

FUNERAL FACILITY: NEPTUNE SOCIETY - SNOHOMISH  
ADDRESS: 19324 - 40TH AVE W, STE A  
CITY, STATE, ZIP: LYNNWOOD WA 98036  
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

- CAUSE OF DEATH:
- A. END-STAGE RENAL DISEASE  
INTERVAL: 10 MONTHS
  - B. HYPERTENSIVE VASCULAR DISEASE  
INTERVAL: YEARS
  - C.  
INTERVAL:
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ANEMIA

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

LOCATION OF INJURY:

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

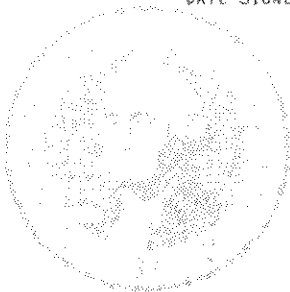
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: DECEMBER 11, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 757  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: DECEMBER 18, 2015

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 19410  
1700 1st Ave. S.E. 2nd Floor  
98512-4100

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

STATE OFFICE USE ONLY

County

City

Date

Affidavit Number

Required information must match current information on record

Birth

Death

Marriage

Dissolution (Divorce)

County

Affidavit Number

Reason for correction (e.g., incorrect name, date of birth, sex, race, marital status, etc.)

Court Order

Affidavit

Hospital

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

The information shows:

The true fact is:

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

Date

### INSTRUCTIONS

**Do not use as proof.** Social Security card and hospital certificate both certificate cannot be used as proof.

\* See page 10 of the Affidavit Request

\* See page 10 of the Affidavit Request and (10/1/11)

**\*CERTIFIED\***

DEC 22 2015

Howard Leibrand M.D., Health Officer

CC00230621