



201704260051

Skagit County Auditor

\$35.00

4/26/2017 Page

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3 2:38PM

When Recorded Please Return To:

LAWRENCE A. PIRKLE
1220 Memorial Hwy., Suite A
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE: CERTIFICATE OF DEATH

GRANTOR(S): STATE OF WASHINGTON

GRANTEE(S): VITOMIR R. RUZICH

ABBREVIATED LEGAL DESCRIPTION:

LOTS 21 AND 22, BLOCK 706, "NORTHERN PACIFIC ADDITION TO ANACORTES", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.

Lot 1A of Anacortes Short Plat No. 05-004, recorded July 5, 2005, under Auditor's File No. 200507050005, records of Skagit County, Washington; being a portion of Tract 3, Plate 11, Anacortes Tidelands. Situate in the City of Anacortes, County of Skagit, State of Washington.

Lot 3, Anacortes Short Plat No. ANA95-003 as approved June 6, 1995 and recorded August 30, 1995, in Volume 12 of Short Plats, pages 21 and 22, under Auditor's File No. 9508300040, records of Skagit County, Washington; being a portion of Tracts 3 and 4, Plate 11, Anacortes Tide and Shore Lands. Situate in the City of Anacortes, County of Skagit, State of Washington.

ASSESSOR PARCEL / TAX ID NUMBER:

TPN: 3809-706-022-0003 (P58503)

TPN: 350230-0-210-0400 (P123039) & 350230-0-210-0200 (P101722)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-034726

DATE ISSUED: 08/29/2016

FEE NUMBER: 000000029

GIVEN NAMES: VITOMIR RUDOLF
LAST NAME: RUZICH
AKA: VITOMIR RUDOLF RUZIC

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 22, 2016
HOUR OF DEATH: 11:50 P.M.
SEX: MALE
AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MRKOPALJ, CROATIA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: OWNER
INDUSTRY: BOAT BUILDING INDUSTRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: VICKY PRIMOZICH
RELATIONSHIP: DAUGHTER
ADDRESS: 3319 WEST 3RD STREET, ANACORTES, WA. 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3319 WEST 3RD STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3319 WEST 3RD STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER/PARENT: RUDOLF RUZIC
MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: SEPTEMBER 03, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A. MYELOBLASTIC LEUKEMIA
INTERVAL: 1 1/2 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

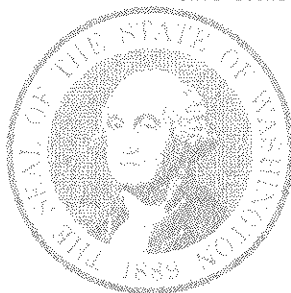
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: AUGUST 26, 2016



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

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: AUGUST 29, 2016

Affidavit for Correction

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

STATE OFFICE USE ONLY

County of Health Statistics

10000 1st St
Skagit County, WA 98290
Phone: 360-835-3333

State of Washington

Required information must match current information on record

1. Name (Last, First, Middle)	2. Birth	3. Death	4. Marriage	5. Divorce (Divorce)
6. Name of Spouse				

7. Reason for change

To replace birth:

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

8. The record contains:	9. The true fact is:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

16a. Signature

Printed name

Required documents:

- Birth Affidavit
- Death Affidavit
- Marriage License
- Divorce Decree

Birth Certificates:

1. Copy of original birth certificate
2. The proof(s) must contain the name, date of birth, sex, race, and place of birth.
3. The proof(s) must be dated within 60 days of the date of the affidavit.

Check only one:

- If signed by the registrant
- If signed by a parent or legal guardian
- If signed by a physician
- If signed by a hospital administrator
- If signed by a clergy member
- If signed by a justice of the peace

17. Signature of Health Officer

This affidavit cannot be used to and is subject to a non-confidentiality and privacy policy. For more information, call (360) 427-0321.

Death Certificates:

1. Copy of original death certificate
2. The proof(s) must contain the name, date of death, sex, race, and place of death.

Marriage/Dissolution/Divorce Certificates:

1. Copy of original marriage license
2. Copy of original divorce decree

CERTIFIED

AUG 29 2016

Howard Leibrand
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer

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