201706190192
Skagit County Auditor $35.00
6/19/2017 Page 1 of 3 3:50PM

WHEN RECORDED RETURN TO:

Setsuko Amburn
c/o Cora Lijek
708 37th St
Anacortes, WA 98221

02-162542-OE ✓

DOCUMENT TITLE(S):
Death Certificate
Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
JOSEPH EARL AMBURN

ABBREVIATED LEGAL DESCRIPTION:
Lot 52, Copper Pond P.U.D.

TAX PARCEL NUMBER(S):
P108221

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-025539

DATE ISSUED: 11/18/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JOSEPH EARL
LAST NAME: AMBURN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 07,2014
HOUR OF DEATH: 02:30 P.M.
SEX: MALE
AGE: 82 YEARS
SOCIAL SECURITY NUMBER: 410-42-6882

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: DECEMBER 13,1931
BIRTHPLACE: DUCKTOWN, POLK CNTY, TENNESSEE

MARITAL STATUS: MARRIED
SPOUSE: SETSUKO KAMEI

OCCUPATION: COMMUNICATIONS TECH
INDUSTRY: COMMUNICATIONS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: SETSUKO AMBURN
RELATIONSHIP: WIFE
ADDRESS: 3911 COPPER POND, ANACORTES, WA, 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3911 COPPER POND
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3911 COPPER POND
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982211150
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: CHARLES AMBURN
MOTHER: CORA NOE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: NOVEMBER 11,2014

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: CHRIS GARNETT

CAUSE OF DEATH:
A. DEMENTIA
INTERVAL: YEARS
B. ALCOHOLISM
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DYSPHAGIA

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? UNKNOWN
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: NOVEMBER 10,2014

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

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 10,2014

DOH 81-003 (1/14)

THIS IS A CERTIFIED COPY OF THIS RECORD UNLESS THERE IS A RED SEAL STATING CERTIFIED OR ISSUED FOR THE PURPOSE OF SALE

CERTIFIED

NOV 18 2014

Skagit County Health Department
Howard L. Librand M.D., Health Officer

AA00221912