201706300156
Skagit County Auditor $35.00
6/30/2017 Page 1 of 3 1:54PM

WHEN RECORDED RETURN TO:
Land Title
111 E George Hopper Rd
Burlington, WA 98233

01-163307-OE, 01-163307-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
BENJAMIN JERALD LOWERY

Land

ABBREVIATED LEGAL DESCRIPTION:
Ptn Gov. Lot 1, 35-34-3 E W.M.

TAX PARCEL NUMBER(S):
340335-0-002-0004/P23144

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 955-11

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Benjamin	Jerald	Lowery		Nov 20, 2011

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Male	68			[redacted]	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Burwell	Nebraska	High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify	11. Decedent's Race(s)	12. Was Decedent ever in U.S Armed Forces?
No	White	Yes

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
17757 Kamb Road	Mount Vernon

13c. Residence County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit	---	Washington	98273	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to last marriage)
35 Years	Married	Barbara [redacted]

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Self-Employed	Remodel Construction

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Benjamin James Lowery	Betty Moss

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address (Number and Street or RFD No., City or Town, State, Zip)
Barbara Lowery	Wife	17757 Kamb Road, Mount Vernon, WA 98273

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
17757 Kamb Road	Mount Vernon	WA	98273

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Mount Vernon Cemetery Crematory	Mount Vernon, WA

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273	Nov 22, 2011

33. Funeral Director Signature X: Rex E. Watt — Rex E. Watt

Part 2 completed by Certifier

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. COPD	>1 year
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: CROHN'S disease

36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No	☐ Yes ☐ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☑ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☐ No ☑ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	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+4:

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 P.B. Sell MD	X

49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Peggy M. Bissell, MD 1990 Hospital Dr, Sedro-Woolley, WA 98284	0300
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) Nov 21, 2011

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Physician	MD00043127	NJA-623	☒ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X Maria S. Vivanco, Deputy Registrar	NOV 22 2011

59. Amendments:

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (8/10)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CHIEF EXECUTIVE OFFICER OF THE STATE OF WASHINGTON. REQUEST NOW THE OFFICIAL SEAL

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

Birth | Death | Marriage | Dissolution

Self | Parent | Guardian | Informant

All changes must be substantiated by documentary proof submitted with this affidavit.

CERTIFIED

NOV 2 2 2011

VV0C086608

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