201707060070

Skagit County Auditor $35.00
7/6/2017 Page 1 of 3 3:32PM

WHEN RECORDED RETURN TO:
Marta L Hand
1312 Paradise Rd
Ferndale, WA 98248

01-163561-SE, 01-163561-SE

DOCUMENT TITLE(S):
Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
ARTHUR HENRY FARMER

ABBREVIATED LEGAL DESCRIPTION:
Ptn Tract C & All Tract D, Short Plat No. 42-80 (Ptn SE NE, 12-34-3 E W.M.)

TAX PARCEL NUMBER(S):
340312-0-011-0109/P21501

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-003025

DATE ISSUED: 01/24/2017

FEE NUMBER: 0000000037

GIVEN NAMES: ARTHUR HENRY
LAST NAME: FARMER

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: JANUARY 17,2017
HOUR OF DEATH: 05:25 P.M.
SEX: MALE
AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: TORRENCE, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: DIVORCED
SPOUSE:

OCCUPATION: FIELD MANAGER
INDUSTRY: FOOD PROCESSING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: MARTA L. HAND
RELATIONSHIP: SISTER
ADDRESS: 1312 PARADISE ROAD, FERNDALE, WA98248

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: FRIENDS HOUSE 5384 BELLAIRE WAY
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248

RESIDENCE STREET: 17875 BENNETT ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER/PARENT: ARTHUR EUGENE FARMER
MOTHER/PARENT: BETTY FERN [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 23,2017

FUNERAL FACILITY: SIG'S FUNERAL SERVICES
ADDRESS: 809 W. ORCHARD DRIVE, SUITE 5
CITY, STATE, ZIP: BELLINGHAM WA 98225
FUNERAL DIRECTOR: SIGURD O. AASE

CAUSE OF DEATH:
A. SQUAMOUS CELL CARCINOMA LIP
INTERVAL: 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:

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

CERTIFIER NAME: IAN D. BONNER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 722 N. STATE STREET
CITY,STATE,ZIP: BELLINGHAM WA 98225
DATE SIGNED: JANUARY 22,2017

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:
LEEANN IMPERO
DATE RECEIVED: JANUARY 23,2017

DOH 01-003 (10/15)

Affidavit for Correction

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

STATE OFFICE USE ONLY

Center for Health Statistics

Required information must match current information on record

☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

Requested

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

The record now 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

INSTRUCTIONS

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Birth Certificates

Death Certificates

Marriage/Dissolution (Divorce) Certificates