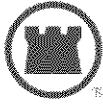


When recorded return to:  
Douglas Henley  
635 N Waugh Road  
Mount Vernon, WA 98273



Skagit County Auditor \$36.00  
12/22/2017 Page 1 of 3 11:32AM

Filed for record at the request of:



CHICAGO TITLE  
LIBRARY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620033062

CHICAGO TITLE  
620033062

**DOCUMENT TITLE(S)**

Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: \_\_\_\_\_**

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

Margaret Henley

Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

Douglas Henley

Additional names on page \_\_\_\_\_ of document

**TRUSTEE**

N/A

**ABBREVIATED LEGAL DESCRIPTION**

PTN SW SE, 17-34-04

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

P25716 / 340417-0-115-0009

Additional Tax Accounts are on page \_\_\_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **345-09** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST: **Margaret Rose Henley** 2. Death Date: **April 21, 2009**

3. Sex (M/F): **Female** 4a. Age - Last Birthday: **89** 4b. Under 1 Year: **Months** 4c. Under 1 Day: **Hours** 5. County of Death: **Skagit**

7. Birthdate: **[REDACTED]** 8a. Birthplace (City, Town, or County): **East Stanwood** 8b. (State or Foreign Country): **Washington** 9. Decedent's Education: **Some college credit, but no degree**

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

13a. Residence - Number and Street (e.g. 624 SE 5<sup>th</sup> St.) (Include Apt. No.): **1014 North 15th Street** 13b. City or Town: **Mount Vernon**

13c. Residence - County: **Skagit** 13d. Tribal Reservation Name (if applicable): **-----** 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **98273-2513** 13g. Inside City Limits?  Yes  No  Unk.

14. Estimated length of time at residence: **60 Years** 15. Marital Status at Time of Death: **Widowed** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **N/A**

17. Usual Occupation (Indicate type of work dominating most of working life. DO NOT USE RETIRED): **Homemaker** 18. Kind of Business/Industry (Do not use Company Name): **Own Home**

19. Father's Name (First, Middle, Last, Suffix): **George C. Shields** 20. Mother's Name Before First Marriage (First, Middle, Last): **Ida [REDACTED]**

21. Informant's Name: **Douglas L. Henley** 22. Relationship to Decedent: **Son** 23. Mailing Address - Number and Street or RFD No. City or Town State Zip: **635 North Waugh Road Mount Vernon, WA 98273**

24. Place of Death, if Death Occurred in a Hospital: **Nursing Home - Long Term Care Facility** 25. Facility Name (if not a facility, give number & street or location): **Mira Vista Care Center** 26a. City, Town, or Location of Death: **Mount Vernon** 26b. State: **WA** 27. Zip Code: **98274**

28. Method of Disposition: **Burial** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Mount Vernon Cemetery** 30. Location - City/Town, and State: **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility: **Kern Funeral Home 1122 South 3rd St. Mount Vernon, Washington 98273** 32. Date of Disposition: **April 24, 2009**

33. Funeral Director Signature X: *[Signature]*

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Coronary artery disease / CHF** Interval between Onset & Death: **years**

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

b. **COPD** Interval between Onset & Death: **years**

c. **Diabetes** Interval between Onset & Death: **years**

d. **HTN + atrial fibrillation**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **HTN + atrial fibrillation**

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

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending

39. If female:  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

40. Did tobacco use contribute to death?  No  Yes  Probably  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: **-----** City or Town: **-----** State: **-----** Zip Code + 4: **-----**

46. Describe how injury occurred: **-----** 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify): **-----**

48a. Certifying Physician - (If the basis of any knowledge, death occurred at his/her date and place and due to his/her own report of death): **[Signature] ARNP** 48b. Medical Examiner/Coroner - (On the basis of an official police investigation, or no-accident death occurred at the time, date, and place, and due to his/her report of death): **[Signature]**

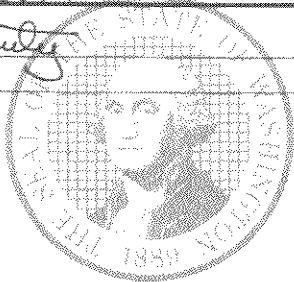
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Lynn Hardy, SWMC 9631 264th St., NW Stanwood, WA 98282** 50. Hour of Death (24hrs): **1928**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): **Lynn Hardy** 52. Date Signed (mm/dd/yyyy): **4-23-09**

53. Title of Certifier: **ARNP** 54. License Number: **AP30006068** 55. ME/Coroner File Number: **NJA# 202** 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature X: **[Signature] Deputy** 58. Date Received (mm/dd/yyyy): **APR 23, 2009**

59. Amendments: **-----**



DOHCHS 003 Rev 07/09/07

Affidavit for Correction

This is a legal document. Complete in ink with correct date.  
STATE OF WA USE ONLY

Use the section below for requesting any changes on the record:

1. Name on record: \_\_\_\_\_

4. Father's full name: \_\_\_\_\_

6. \_\_\_\_\_

8. \_\_\_\_\_

10. \_\_\_\_\_

12. \_\_\_\_\_

14. I represent that I am \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_  
I am a \_\_\_\_\_  
I am a \_\_\_\_\_

I declare under penalty of perjury that \_\_\_\_\_

15. Signature: \_\_\_\_\_

All changes must be stated exactly. Do not use "or" or "and".  
Example: \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. This affidavit cannot be used to correct a name on a birth certificate.

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_

32. \_\_\_\_\_

**CERTIFIED\***  
APR 24 2009  
*Howard Libbraud*