



201802230040

Skagit County Auditor

\$36.00

2/23/2018 Page

1 of

3 9:05AM

WHEN RECORDED RETURN TO:
Gerald Tjeerdsma

Land Title and Escrow

02-166252-OE, 02-166252-OE. ✓

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
ELAINE CHRISTINA TJEERDSMA

ABBREVIATED LEGAL DESCRIPTION:
Lots 9 & 10, Blk 12, Bowman's C.S.H.W.F Plat to Anac.

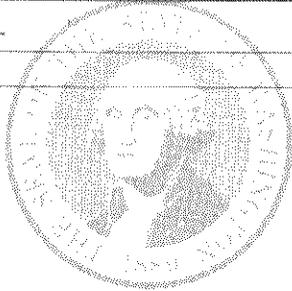
TAX PARCEL NUMBER(S):
3776-012-010-0009, P56825

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **816-06** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Elaine Christina TJEERDSMA			2. Death Date Oct 12, 2006		
3. Sex (M/F) F	4a. Age - Last Birthday 53	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Helena	8b. (State or Foreign Country) Montana	9. Decedent's Education High School Graduate		
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 8 th St.) (include Apt. No.) 519 - 5th Street				13b. City or Town Anacortes	
13c. Residence County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence 37 years	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (One name prior to first marriage): Robert Edward Tjeerdsma			
17. Usual Occupation (indicate type of work done during most of working life (DO NOT USE RETIRED)) Driver	18. Kind of Business/Industry (Do not use Company Name) Transportation				
19. Father's Name (First, Middle, Last, Suffix) Thomas John Chapman			20. Mother's Name Before First Marriage (First, Middle, Last) Jessie Ann [REDACTED]		
21. Informant's Name Robert Edward Tjeerdsma		22. Relationship to Decedent Husband	23. Mailing Address (Number and Street or RFD box) City or Town State Zip P.O. Box 443 Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital Decedent's Residence					
25. Facility Name (If not a facility, give number & street address) 519 - 5th Street			26a. City, Town, or Location of Death Anacortes	26b. State WA	27. Zip Code 98221
28. Method of Disposition Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington		
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Oct 12, 2006	
33. Funeral Director Signature X <i>Lemond J. Williams</i>					

34. Cause of Death (See instructions and examples) 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. <i>Coronary Atherosclerosis</i>		Interval between Onset & Death <i>minutes</i>	
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. <i>Coronary Artery Disease</i>		Interval between Onset & Death <i>years</i>	
c. _____		Due to (or as a consequence of)		Interval between Onset & Death	
d. _____		Due to (or as a consequence of)		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Obesity DM HIN</i>					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of injury: Number & Street City or Town County State Zip Code + 4					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician (Signature) <i>J. Hogge</i>			48b. Medical Examiner/Coroner (Signature) [REDACTED]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jason Hogge, M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				50. Hour of Death (24hrs) 01:00 AM	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (month/year) 10/12/2006	
53. Title of Certifier MD	54. License Number MD00046614	55. ME/Coroner File Number 136-06	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>Connie Anderson, Deputy</i>			58. Date Received (month/year) OCT 12 2006		
59. Amendments					



DOH6003 Rev. 2/06/04

