



Skagit County Auditor

\$36.00

3/20/2018 Page

1 of

3 12:01PM

After recording return document to:

Adaptive Law Firm PS  
904 South Third  
Mount Vernon, WA 98273

**DOCUMENT TITLE:** Certified Death Certificate

**REFERENCE NUMBER OF RELATED DOCUMENT:** N/A

**GRANTOR(S):** State of Washington

**ADDITIONAL GRANTORS ON PAGE** N/A **OF DOCUMENT.**

**GRANTEE(S):** Thomas Gregory Hadley

**ADDITIONAL GRANTEE ON PAGE** OF **DOCUMENT.**

**ABBREVIATED LEGAL DESCRIPTION:** Lots 3 and 4, Blk 805, Northern  
Pacific Addition to Anacortes

**ADDITIONAL LEGAL DESCRIPTION ON PAGE(S) OF DOCUMENT.** N/A

**ASSESSOR'S TAX/PARCEL NUMBER(S):** 585263809-805-004-0005

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-016660

DATE ISSUED: 12/17/2012

FEE NUMBER: 0000000029

GIVEN NAMES: THOMAS GREGORY  
LAST NAME: HADLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 30, 2012  
HOUR OF DEATH: 08:00 P.M.  
SEX: MALE  
AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: JANISE [REDACTED]

OCCUPATION: TEACHER  
INDUSTRY: GOVERNMENT  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? YES

INFORMANT: JANISE HADLEY  
RELATIONSHIP: WIFE  
ADDRESS: 3306 W. 3RD ST. ANACORTES, WASHINGTON, 98221

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3306 W. 3RD ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3306 W 3RD ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982211219  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: WAYNE HADLEY  
MOTHER: ELENORE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATION SERVICES  
CITY, STATE: MARYSVILLE, WA  
DISPOSITION DATE: DECEMBER 12, 2012

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

CAUSE OF DEATH:  
A. BLADDER CANCER  
INTERVAL: <1 YEAR

B.  
INTERVAL:

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
TOBACCO USE DISORDER

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

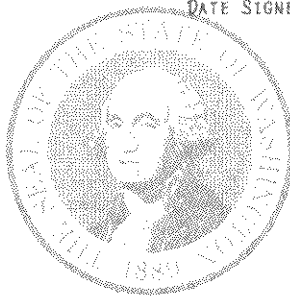
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: SPOUSE, INFORMANT

NUMBER(S): 2012067352  
DATE(S): 12/17/2012

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: J.A. MOREN MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 307 S. 13TH ST. STE 200  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: DECEMBER 12, 2012



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 687  
ATTENDING PHYSICIAN:  
J.A. MOREN MD

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: DECEMBER 12, 2012

