201803200026
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:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: SPOUSE,INFORMANT

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

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

DOH 01-003 (12/11)

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

UNOFFICIAL DOCUMENT

Child (under 18) | Adult (18 years or older)

This affidavit cannot be used to add a father to a birth certificate. Use the paternity acknowledgement form DOH 245-017.

CERTIFIED*

DEC 17 2012

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

XX00025301